DOCUMENT RESUME

ED 482 432 CE 085 592

TITLE	Child Care and Guidance, Management, and Services. Curriculum Guide [and] Student Activity Book [and] Reference Book.
INSTITUTION	Texas Tech Univ., Lubbock. Curriculum Center for Family and Consumer Sciences.
PUB DATE	2002-00-00
NOTE	1080p.; The Curriculum Guide is dated July 2002 and written by Debbie Mumme and Sonja Koukel. The Student Activity Book is dated August 2001 and written by Debbie Mumme. The Reference Book is dated July 2001 and Frances Droddy is cited as primary contributor.
AVAILABLE FROM	Texas Tech University, The Curriculum Center for Family and Consumer Sciences, Box 41161 (15th and Akron, Human Sciences 02), Lubbock, Texas 79409-1161 (No. 1352 (Guide) $34; No. 1358 (Activity Book) $20; No. 1357 (Reference) $28). Tel: 806-742-3029; Fax: 806-742-3034; Web site: http://www.hs.ttu.edu/ccfcs/.
PUB TYPE	Guides - Classroom - Learner (051) -- Guides - Classroom - Teacher (052)
EDRS PRICE	EDRS Price MF08 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	Career Development; *Child Behavior; *Child Care; *Child Care Centers; *Child Care Occupations; Child Caregivers; *Child Development; Child Health; Child Welfare; Cognitive Development; Educational Facilities; Emotional Development; Money Management; Occupational Home Economics; Postsecondary Education; Program Administration; Secondary Education; Social Development; *State Curriculum Guides; Teaching Guides
IDENTIFIERS	*Texas; Texas Essential Knowledge and Skills

ABSTRACT

These three publications comprise a course that provides occupationally specific training designed to develop knowledge and skills for employment in the area of child care and guidance. The curriculum guide is the teacher component of the series. Contents include the Texas Essential Knowledge and Skills (TEKS); sample course outlines; instructional strategies organized topically, by chapters, each containing a chapter focus, chapter vocabulary, resources, instructional strategies, and suggested Family, Career, and Community Leaders of America activities; blended activities; creative ideas; lists of 37 resource organizations, 33 print resources, and 73 web sites; 114 teaching aids; and 13 program tools. Chapter topics include careers; child development; health and safety; daily routines; teaching strategies; child guidance; and management--curriculum, facility, food service, and financial. The reference book is a student text that provides information needed by employees in the child care profession. Each chapter contains a chapter focus, chapter vocabulary, "essential questions" boxes, chapter highlights, 21 references, and an index. The student activity book contains paper-and-pencil activities that reinforce essential information presented in each chapter of the reference book. (YLB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 482 432

CHILD CARE AND GUIDANCE

MANAGEMENT AND SERVICES

CURRICULUM GUIDE

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

M. Wragg

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

2

FAMILY AND CONSUMER SCIENCES EDUCATION • TEXAS EDUCATION AGENCY • AUSTIN, TEXAS

Child Care and Guidance, Management, and Services

Curriculum Guide

Developed and disseminated by:
The Curriculum Center for Family and Consumer Sciences
Texas Tech University
Box 41161
Lubbock, Texas 79409-1161

In cooperation with:
Texas Education Agency
Division of Career and Technology Education
Family and Consumer Sciences Education
Austin, Texas

July, 2002

Acknowledgments

The *Child Care and Guidance, Management, and Services Curriculum Guide* was prepared by the staff of The Curriculum Center for Family and Consumer Sciences. Development was funded by The Curriculum Center for Family and Consumer Sciences at Texas Tech University.

The Staff of The Curriculum Center for Family and Consumer Sciences:

Marilyn Wragg
Director

Martha Kirk
Associate Director

Debbie Mumme, PhD
Curriculum Project Coordinator

Sonja D. Koukel
Research Associate

Bridget Thomas
Information Specialist/Editor

Becky Martinez
Editorial Assistant

Tracy Givens
Editorial Assistant

****

Debbie Mumme and Sonja Koukel served as primary writers for this project.

****

The Staff of the Texas Education Agency Family and Consumer Sciences Education Unit:

Gay Nell McGinnis
Program Director

Cindy Gruner
Program Specialist

Sharon Pierce
Program Specialist

Contributing Family and Consumer Sciences Teachers:

Sandee Gentry
Coronado High School
El Paso ISD

Linda Jennings
Burges High School
El Paso ISD

Laura H. Jung
Killeen High School
Killeen ISD

Mary Karlik
Garland High School
Garland ISD

Carolyn McMahan
Amarillo High School
Amarillo ISD

Mary Peek
Waltrip High School
Houston ISD

Donna P. Pugh
Levelland High School
Levelland ISD

Reviewers:

Kristy Cox
Early Childhood Consultant
Lubbock, Texas

Linda Jennings
Burges High School
El Paso ISD

Mary Karlik
Garland High School
Garland ISD

Alana Oehler
Deer Park High School
Deer Park ISD

Donna P. Pugh
Levelland High School
Levelland ISD

Sandee Gentry
Coronado High School
El Paso ISD

Laura H. Jung
Killeen High School
Killeen ISD

Carolyn McMahan
Amarillo High School
Amarillo ISD

Mary Peek
Waltrip High School
Houston ISD

Sarah Stevens
Lufkin High School
Lufkin ISD

Compliance Statement

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a nonsegregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 22375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs or activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except when age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

TABLE OF CONTENTS

Introduction

Course Description xi
Overview of Course Design xi
Facilities, Equipment, and Resources xii
Series of Occupationally Specific Course Materials xiv
Family, Career and Community Leaders of America xiv
How to Use the Curriculum Guide xv

Texas Essential Knowledge and Skills

Texas Administrative Code Chapter 122.34
Child Care and Guidance, Management, and Services 1

Course Outlines

Sample Course Outlines 7

Instructional Strategies

Chapters

(1) The Child Care Profession 13
(2) Careers in Early Childhood Education and Care 17
(3) Professionalism 23
(4) The Child Care Center 27
(5) Influences on the Development of Children 33
(6) The Child Care Environment 39
(7) Health Awareness 43
(8) Safety Awareness 47
(9) Health and Safety Procedures in Child Care 51
(10) Handling Emergencies 57
(11) Daily Routines 63
(12) Principles and Theories of Development 69
(13) Physical Development 73
(14) Emotional and Social Development 79
(15) Cognitive Development 85
(16) Teaching Strategies 93
(17) Newborns and Infants 99
(18) Toddlers 105
(19) Preschoolers 111
(20) School-Age Children 115
(21) Development of Children with Special Needs 121

(22) Child Guidance/Behavior and Group Management 129
(23) Curriculum Management 137
(24) Facility Management 143
(25) Child Care Program Organization and Administration 147
(26) Food Service Management 153
(27) Financial Management 159
(28) Parent, Community, and Professional Relationships 167

Blended Activities 173

Creative Ideas
Note to the Teacher 189
Group Activity/Teamwork 190
Resource Persons (Guest Speaker/Panel Discussion) 192
Organizing and Presenting Information: Visual Displays, Brochures/Flyers, Presentations 193
Case Studies and Scenarios 194
Listening Teams 195
Debate 195
Brainstorming 196
Games 196
Internet Activities 197
Let Students Help! 199

TAKS Objectives

Resources 201

Teaching Aids
TA 1 Venn Diagram (Chapter 1)
TA 2 Working in Early Childhood Education and Care Careers (Chapter 2)
TA 3 The Ideal Child Care Professional (Chapter 2)
TA 4 Management of Multiple Roles (Chapter 2)
TA 5 Where Do You Look for Jobs? (Chapter 2)
TA 6 Letter of Inquiry (Chapter 2)
TA 7 Guidelines for Writing Resumés (Chapter 2)
TA 8 Guidelines for Writing Letters of Application (Chapter 2)
TA 9 Guidelines for Completing Job Applications (Chapter 2)
TA 10 Sample Job Application (Chapter 2)
TA 11 Interview Questions (Chapter 2)
TA 12 Sample Follow-up Letter (Chapter 2)
TA 13 Guidelines for Terminating Employment (Chapter 2)
TA 14 Suggested Obligations in Terminating Employment (Chapter 2)

TA 15 Differentiating the Levels of Electronic Portfolio Implementation (Chapter 2)
TA 16 Checklist: Child Care Facility Observation (Chapter 4)
TA 17 Introducing Children to Child Care (Chapter 4)
TA 18 T-Chart Template (Chapter 4)
TA 19 Family Influences on Development (Chapter 5)
TA 20 Family Relationships (Chapter 5)
TA 21 All I Ever Really Needed to Know I Learned in Kindergarten (Chapter 5)
TA 22 Children Learn What They Live (Chapter 5)
TA 23 Ways to Involve Parents (Chapter 5)
TA 24 Physical Facility Observation (Chapter 6)
TA 25 Calculating Space Requirements (Chapter 6)
TA 26 Methods for Noise Control (Chapter 6)
TA 27 Designing a Toileting Area (Chapter 6)
TA 28 Furnishings Template (Chapter 6)
TA 29 Outdoor Space Template (Chapter 6)
TA 30 Age-Appropriate Toys and Play Equipment (Chapter 6)
TA 31 Brochure Assessment (Chapter 7)
TA 32 Common Childhood Illnesses (Chapter 7)
TA 33 Diseases Preventable Through Immunization (Chapter 7)
TA 34 Books about Children with Special Health Needs (Chapter 7)
TA 35 Safety Awareness Scenarios (Chapter 8)
TA 36 Safety for Children at Different Levels of Development, Ages 5-12 (Chapter 8)
TA 37 When Do You Wash Your Hands? (Chapter 9)
TA 38 Checklist of Sanitary Food Preparation Methods (Chapter 9)
TA 39 Food Guide Pyramid for Young Children (Chapter 9)
TA 40 Emergency Procedures (Chapter 10)
TA 41 Principles of Growth and Development (Chapter 12)
TA 42 Modern Theorists in Child Development (Chapter 12)
TA 43 Physical Development (Chapter 13)
TA 44 Stimulation of the Senses (Chapter 13)
TA 45 Sequence of Motor Development (Chapter 13)
TA 46 Development of Fine Motor Skills (Chapter 13)
TA 47 Sequence of Motor Development Game (Chapter 13)
TA 48 Nutritional Needs of Infants and Toddlers (Chapter 13)
TA 49 Physical Development of Children (Chapter 13)
TA 50 Physical Development of Infants (Chapter 13)
TA 51 Physical Development of Toddlers (Chapter 13)
TA 52 Physical Development of Preschoolers (Chapter 13)
TA 53 Nine-feet Stages of Development (Chapter 14)
TA 54 "All Lemons Have a Place . . ." (Chapter 14)
TA 55 Observing Emotional and Social Development (Chapter 14)
TA 56 Emotional and Social Development of School-age Children and Adolescents (Chapter 14)

TA 57 Web Site Evaluation (Chapter 15)
TA 58 Lesson Plan Template (Chapter 15)
TA 59 Observation: Learning Centers Checklist (Chapter 16)
TA 60 Computer Program/Software Rating Scale (Chapter 16)
TA 61 Homemade Rhythm Instruments (Chapter 16)
TA 62 Anecdotal Record (Chapter 16)
TA 63 Understanding Basic Human Body Systems (Chapter 17)
TA 64 The Developing Baby (Chapter 17)
TA 65 Characteristics of the Newborn (Chapter 17)
TA 66 Observing Infants at Different Stages of Development (Chapter 17)
TA 67 Tender Care (Chapter 17)
TA 68 Books for Babies (Chapter 17)
TA 69 Fine Motor Skill Activities for Toddlers (Chapter 18)
TA 70 Sample Well-Balanced Schedules (Chapter 18)
TA 71 Daily Schedules: Planning the Sequence of Events (Chapter 18)
TA 72 Preschool Teaching Methods (Chapter 19)
TA 73 Types of Play (Chapter 19)
TA 74 Guidelines for Book Selection for Preschoolers (Chapter 19)
TA 75 Traits Associated with Learning Disabilities (Chapter 21)
TA 76 Guidelines for a Classroom Debate (Chapter 21)
TA 77 Hurry Up! (Chapter 21)
TA 78 Signs Which May Indicate Visual Impairments: A Check List (Chapter 21)
TA 79 Caring for Children with Visual Impairments (Chapter 21)
TA 80 Child Care Provider Interview: Caring for Children with Special Needs (Chapter 21)
TA 81 Resources for Behavior Disorders (Chapter 21)
TA 82 Understanding Your Attitudes Toward Mainstreaming (Chapter 21)
TA 83 Self-Help Skills (Chapter 21)
TA 84 Family Guidance Philosophies (Chapter 22)
TA 85 Forms of Aggression (Chapter 22)
TA 86 When Should a Caregiver Intervene? (Chapter 22)
TA 87 Observation Techniques (Chapter 22)
TA 88 Caregiver Behavior That May Lead to Problem Behavior in Children (Chapter 22)
TA 89 Guidelines on the Use of "Time Out" (Chapter 22)
TA 90 Using Positive Language (Chapter 22)
TA 91 Techniques for Teaching Young Children (Chapter 23)
TA 92 Teaching Activity Card (Chapter 23)
TA 93 Teaching Activity Card Template (Chapter 23)
TA 94 Leadership Styles (Chapter 25)
TA 95 The Essential Nutrients (Chapter 26)
TA 96 Eating Healthy with Ethnic Food (Chapter 26)
TA 97 Sample Budget Format (Chapter 27)
TA 98 Sample Ledger Sheets (Chapter 27)
TA 99 Computing Payroll (Chapter 27)

TA 100 Case Study (Chapter 27)
TA 101 Guidelines for Smooth Relations (Chapter 28)
TA 102 Activity Assessment
TA 103 Master List: Love Tags
TA 104 Guide to the Amounts of Food for Different Age Groups
TA 105 Plan for Your Young Child...The Pyramid Way
TA 106 Getting Acquainted
TA 107 15-Minute Observation
TA 108 Journal Entry
TA 109 Children's Rights and Responsibilities
TA 110 Project List
TA 111 Web Diagram
TA 112 "Jeopardy" Game Instructions
TA 113 Internet Terminology
TA 114 Netiquette

Program Tools

PT 115 All About Me
PT 116 Career Opportunities in Child Development, Education, and Services
PT 117 Early Childhood Education and Care Lab Reflections
PT 118 Early Childhood Education and Care Student Performance Evaluation
PT 119 Early Childhood Education and Care Sign-in Sheet
PT 120 Evaluation Laboratory Participation
PT 121 Evaluation for Lab Projects
PT 122 Student Performance Evaluation
PT 123 Planning Tips for the Successful Resource Person
PT 124 Search Engines for Internet Activities
PT 125 Student Information Sheet
PT 126 Suggestions Anyone?
PT 127 Web Sites – Resources Focusing on Children

Child Care and Guidance, Management, and Services Curriculum Guide

Course Description

Child Care and Guidance, Management, and Services*

PL/Child Care and Guidance, Management, and Services I (CHD-CR-I)	**12203421**
PL/Child Care and Guidance, Management, and Services II (CHD-CR-II)	**12203422**
WBL/Child Care and Guidance, Management, and Services**	**12290349**

Grade Placement: 11-12 Credit: 2-3

Recommended Prerequisites: Nutrition and Food Science, as well as Child Development

This course provides occupationally specific training designed to develop knowledge and skills for employment in the area of child care and guidance. Content includes business management procedures, safety, sanitation, influences on child growth and development, interactions impacting children's behavior, and techniques for providing care and guidance for children. Also addressed are legal considerations; careers related to the care and education of children; technology applications; and managing multiple family, community, and wage-earner roles.

**Instruction may be delivered through school-based pre-employment laboratory training or through Family and Consumer Sciences Career Preparation which includes delivery arrangements with a coordinated work-based learning component, such as cooperative education, internships, mentorships, apprenticeships, and job shadowing.*

***Work-based (WBL) training area occupational objective and PEIMS code used with training plan agreements in Family and Consumer Sciences Career Preparation.*

Overview of Course Design

The process of developing the essential knowledge and skills focused on bringing all Family and Consumer Sciences content up-to-date in reflecting cultural, societal, demographic, economic, and technological changes. Further, in order to accommodate the content additions and redirections necessary to achieve relevance, constraints on instructional time forced dropping content that, while "nice to know," is not "absolutely essential" in today's society. Following are examples of these and other course emphases not evident in the above description of this course.

Child Care and Guidance, Management, and Services:

- focuses on how society, culture, and changing demographics affect the growth and development of children
- focuses on effects of child abuse on the growth and development of young children
- focuses on application of major learning theories when planning developmentally appropriate learning experiences for children

focuses on methods of assessing developmental levels of children
focuses on the use of technology in teaching young children
focuses on dietary modifications for special diet needs
focuses on positive interpersonal skills including conflict resolution, negotiation, teamwork, and leadership
focuses on appropriate business and personal etiquette in the workplace
focuses on the future employment outlook in the child care industry
focuses on continuing education opportunities that enhance career advancement and promote lifelong learning
focuses on rights and responsibilities of employers and employees

Facilities, Equipment, and Resources

The instructional delivery method and strategies selected for this occupationally specific family and consumer sciences course will determine equipment and facilities needs. Instruction may be delivered through school-based pre-employment laboratory education courses (PL) using the pre-employment laboratory education instructional arrangement or through Family and Consumer Sciences Career Preparation which may be taught using one or more of several instructional arrangements including cooperative education, internships, and job shadowing.

Family and Consumer Sciences Career Preparation provides a combination of coordinated technical classroom instruction and work-based occupational training in an approved occupationally specific training area, such as child care and guidance, management, and services. Instructional arrangements, such as cooperative education, internships, and job shadowing, are utilized for the work-based training experience. The school-based technical instruction can be conducted in a multipurpose classroom; access to a multipurpose laboratory demonstration center or other family and consumer sciences laboratory facilities is recommended. It is critical that the multipurpose classroom be immediately accessible to the teacher office with a telephone. Computers and related technologies are important instructional tools for occupationally specific family and consumer sciences training; media and other resources for quality instruction should be available. Student seating and work surfaces for both independent and group work are needed. Storage for a variety of student reference and activity materials will be needed.

Districts electing for students to participate in Family and Consumer Sciences Career Preparation, and therefore, to have work-based learning placements in designated community business or industry settings, should consider several factors. It is recommended that school districts select and use only those business/industry sites for work-based learning placements if the facilities, personnel, and operations reflect high industry standards; certain credentials, certifications, and/or licenses may be appropriate minimum expectations. For example, child care establishments should have current licenses issued by the Texas Department of Protective and Regulatory Services. There should be a formal written agreement between the school district and the business/industry that is providing the work-based learning placement. The agreement should clarify the types and quality of educational services that each party will provide, therefore assuring that there is both instruction and application of the essential knowledge and skills for the training area.

Family and Consumer Sciences Pre-employment Laboratory Education is an instructional arrangement that utilizes campus-based laboratory facilities simulating the business/industry environment to teach the occupationally specific course.

Occupationally specific courses taught using a school-based pre-employment laboratory instructional arrangement should be conducted in laboratories designed for the respective courses and usually located in on-campus facilities. Facilities for classroom instruction can be incorporated into the laboratory itself or in a separate area. Equipment and resources for the pre-employment laboratory instructional arrangements should be of the quality and type used in respective businesses and industries. Equipment and resources for individual courses may vary according to facility design and size, numbers of students to be served, course focus, and instructional strategies selected by teachers.

Classroom facilities for Child Care and Guidance, Management, and Services should accommodate a range of individual and group instructional activities, computer/Internet access, and tables and resources to develop materials for use in children's activities. The numbers, ages, and special needs of preschool children served by a child care program and the program objectives will influence requirements for child care center facilities, equipment, and resources. Additionally, a campus-based child care center should be provided that complies with standards as specified in the *Day-care Center Minimum Standards and Guidelines*, Texas Department of Protective and Regulatory Services, including the latest revisions to those standards. It is recommended that the child care center have a current license issued by the Texas Department of Protective and Regulatory Services.

Some additional recommendations for center facilities include but are not limited to the following:

- Facilities should be readily accessible to parking areas that accommodate the arrival and departure of young children served through the child care center and their parents/guardians.
- Facilities should have observation settings equipped with appropriate technologies including visual and auditory technologies so that parents, visitors, and/or staff can observe children without distracting them.
- Because of the number of high school students who may be enrolled in child development/child care courses, facility and staffing provisions should be made for students to alternately work with the preschool children while other students prepare assignments for their child development/child care courses. This helps to maintain a reasonable ratio of high school students to preschool children.
- Preschool children served in the child care facility should have developmentally appropriate learning opportunities including computer education experiences.
- Include secured storage areas.
- Include a laundry facility that is separate from the main child care area and secured for safety purposes. The laundry facility should contain state-of-the-art equipment and materials. As an alternative to providing a laundry facility, a district may wish to contract laundry services that meet the needs of the child care facility and licensing standards.
- Accommodate snack preparation, snack service, and meal service, if appropriate. Meal preparation is neither a function of the center nor included in student training.
- Equipment and resources need to accommodate a well-planned, rich schedule of daily activities for both the young children involved in laboratory experiences as well as high school students preparing for careers in child care.

Additional information regarding facilities, equipment, and resources may be found in the *Family and Consumer Sciences Education: Recommendations for Facilities and Equipment* publication, available from The Curriculum Center for Family and Consumer Sciences.

Series of Occupationally Specific Course Materials

The *Child Care and Guidance, Management, and Services Curriculum Guide* is one in a series of three publications, available from The Curriculum Center for Family and Consumer Sciences, that facilitate implementation of Texas Essential Knowledge and Skills (TEKS) for this occupationally specific training area. This Curriculum Guide, which is the teacher component of the series, is designed to complement the following other two components:

- The Reference Book is a student text that provides information needed by employees in the child care profession. Each chapter begins with a "Chapter Focus" (the TEKS addressed in the chapter) and a "Chapter Vocabulary." Within the text, italicized, boldfaced vocabulary terms are included with definitions or explanations. Throughout the chapter, "Essential Questions" boxes pose important questions to students about material they have read. At the end of each chapter, the content is summarized in "Chapter Highlights."
- The Student Activity Book contains a variety of pencil-and-paper activities that reinforce essential information presented in each chapter of the Reference Book.

Family, Career and Community Leaders of America

Family, Career and Community Leaders of America (FCCLA) activities can be most effectively structured to serve as one of the many methods of instruction used in the classroom (e.g., independent study, group work, role play, questioning). As a method of instruction, activities of the organization reflecting specific family and consumer sciences content are incorporated into the Child Care and Guidance, Management, and Services course.

Chapter activities need to be designed to accommodate chapter projects, community needs, and the desires of the students involved. A chapter's organizational structure and the teacher's approach to utilizing the organization as a method of delivering course content will influence whether to have chapter activities once a week, once a month, or have some activity related to the content filtered into the curriculum on a more regular basis.

FCCLA activities are included as integral parts of instruction within several components of this curriculum guide. Each instance is denoted by the FCCLA emblem.

- **Instructional Strategies** - FCCLA activities are written into the individual strategy when the project or program is an integral part of that specific learning experience.
- **End of chapter** - Suggested FCCLA activities are provided in a box at the end of strategies for each chapter to generate additional ideas for projects and programs that are relevant to the overall chapter, but not tied to a specific strategy.
- **Blended Activities** - FCCLA projects and programs that address Texas Essential Knowledge and Skills from several chapters have been included in this section of the Curriculum Guide.

Resources available from the organization's national headquarters to assist with starting a chapter and integrating it into the curriculum are the *Co-Curricular Guide* and *FCCLA Chapter Handbook*. Additional resources helpful to Child Care and Guidance, Management, and Services teachers and students include publications for various national and state programs, such as *Career Connection, FACTS, Families First, Power of One, STOP the Violence*, and *Ready, Set, Read!*

How to Use the Curriculum Guide

You will be able to utilize the *Child Care and Guidance, Management, and Services Curriculum Guide* most effectively if you first understand all components and how they work together. Read through the Table of Contents and familiarize yourself with the various components of the instructional guide. Following are descriptions and suggestions for utilizing components within each section to maximize instructional effectiveness. **Note**: For simplicity, the term Curriculum Guide has been used throughout this publication to refer to the *Child Care and Guidance, Management, and Services Curriculum Guide.*

INTRODUCTION

Read the Introduction for information specific to the course on

- Course Description
- Overview of Course Design
- Facilities, Equipment, and Resources
- Series of Occupationally Specific Course Materials
- Family, Career and Community Leaders of America

TEXAS ESSENTIAL KNOWLEDGE AND SKILLS (TEKS)

Familiarize yourself with the TEKS for Child Care and Guidance, Management, and Services. A copy of the Texas Administrative Code, Chapter 122.34, is provided for your convenience.

The Texas Essential Knowledge and Skills are presented in a two-column format. In the left column are the numbered general knowledge and skills statements, [i.e., (1), (2), (3)]. In the right column are the related statements of expected student performance, sometimes referred to as knowledge and skills expectations [i.e., (A), (B), (C)].

On the first page of each Chapter within the **Instructional Strategies** section is a box entitled "Chapter Focus." Within this box are listed the TEKS that are covered in the chapter. Additional strategies that simultaneously address TEKS from multiple chapters are included in the **Blended Activities** section of the Curriculum Guide.

SAMPLE COURSE OUTLINES

As previously stated, instruction for Child Care and Guidance, Management, and Services may be delivered through school-based pre-employment laboratory education courses (PL) or through Family and Consumer Sciences Career Preparation, which may be taught using one or more instructional arrangements, such as cooperative education, internships, and job shadowing. There are thus multiple approaches that may be used effectively to organize instruction. Suggestions for managing group and individualized instruction, as well as various approaches for organizing and managing instruction, are provided in the *Family and Consumer Sciences Career Preparation Handbook*, available from The Curriculum Center for Family and Consumer Sciences. Sample course outlines for group instruction for the first year, first semester and first year, second semester are also provided in this handbook (see pages B-59 and B-60 in the *FCSCP Handbook*).

A detailed outline of the scope and sequence of learning experiences should be developed for the child care training area and personally tailored for each student. To assist teachers with this task, sample outlines for Child Care and Guidance, Management, and Services are provided in this section. One example has been provided for pre-employment laboratory education, and one for Family and Consumer Sciences Career Preparation.

The sample course outlines are included strictly as examples of how the scope and sequence of learning experiences might be developed. It is intended that these outlines will serve only as an aid to teachers in planning their own instructional outlines to cover Texas Essential Knowledge and Skills for Child Care and Guidance, Management, and Services.

INSTRUCTIONAL STRATEGIES

The *Child Care and Guidance, Management, and Services Curriculum Guide* is one in a series of three publications, available from The Curriculum Center for Family and Consumer Sciences, that facilitate implementation of TEKS for this occupationally specific training area. The Curriculum Guide has been organized topically, by chapters, to be consistent with organization of the student publications in the series - the Reference Book and Student Activity Book. Each chapter in the Curriculum Guide contains the following key components:

- A "Chapter Focus," presented on the first page of each chapter, lists the TEKS that are addressed within the chapter. Because the Curriculum Guide is organized topically, specific TEKS may appear in more than one chapter.

- A "Chapter Vocabulary" is also presented on the first page of each chapter. The "Chapter Vocabulary" lists key terms that are introduced in the corresponding Reference Book. Teachers are encouraged to use their own discretion regarding ways to reinforce the vocabulary terms with students. Several activities for reinforcing vocabulary terms through independent study are provided in the corresponding Student Activity Book.

- A listing of "Resources" for each chapter is provided on the back of the introductory page. More detailed information regarding where to obtain referenced resources, which are listed on this page in abbreviated form, can be located under the **Resources** tabbed-divider section later in the Curriculum Guide.

- A variety of instructional strategies have been suggested to address the knowledge and skills covered in each chapter. It is not expected that you would use all strategies, but that you would select from the options those that best meet the needs of your students.

- Suggested FCCLA activities have been provided in a box at the end of the strategies for each chapter to generate additional ideas for projects and programs that are relevant to the overall chapter, but not tied to a specific strategy.

The **Instructional Strategies** section has been designed to teacher specifications - to facilitate ease of use and to provide as much needed information as possible. The following aids have been built into the format.

Notes Column
The Notes column on the outside of each page was designed to provide space for your own notes and to display information and icons that point out the following:

- where Teaching Aids provided in the guide have been used within the strategies — ***TA 1 Venn Diagram***

- strategies which correlate with exit level TAKS objectives and academic principles for reading, writing, mathematics, science, and social studies — TAKS READING

- strategies that utilize technology applications —

- opportunities for integration of FCCLA programs and projects within specific strategies — FCCLA

Strategy Headers
Each instructional strategy has been given a number and header designation so that you can easily locate and reference specific strategies and tell at a glance what general methodology is involved. In addition, the light bulb icon beside a header indicates that creative techniques related to the methodology are suggested in the **Creative Ideas** section.

Following are examples of headers used, with brief explanations or comments where titles may not be self-explanatory. The **Creative Ideas** section provides elaboration on many of these techniques.

- **AUDIOTAPE**
- **BRAINSTORMING** (see the Creative Ideas section)
- **CASE STUDY** (see the Creative Ideas section)
- **CLASS DISCUSSION**
- **DEBATE** (see the Creative Ideas section)
- **DEMONSTRATION**
- **EDUCATIONAL TOUR**
- **GAME** (see the Creative Ideas section)
- **GROUP ACTIVITY** (see the Creative Ideas section)
- **GRAPHIC ORGANIZER** (see the Creative Ideas section)
- **GUEST SPEAKER** (see the Creative Ideas section)
- **INDIVIDUAL ACTIVITY**
- **INTERNET SEARCH/ACTIVITY** (see the Creative Ideas section)
- **INTERVIEW**
- **LABORATORY EXPERIENCE**
- **OBSERVATION**
- **ORAL PRESENTATION** (see the Creative Ideas section)
- **PANEL DISCUSSION** (see the Creative Ideas section)
- **PROBLEM SOLVING**
- **PROJECT**
- **RESEARCH** - The header usually designates the systematic search for and collection of information about a particular subject, although some activities may involve more extensive research methods or more formal research projects.

- **ROLE PLAY**
- **SCENARIO** (see the Creative Ideas section)
- **SKIT**
- **SURVEY**
- **SYMPOSIUM** - In a symposium format, several persons present short, prepared speeches to a group on various aspects of a topic. Members of the group may ask questions after presentations are made. For example, three or four students research a particular topic and present information to the class; class members then dialogue with the presenters through questioning following the presentation.
- **TEAMWORK** (see the Creative Ideas section)
- **VIDEOTAPE** - Few videotapes are referenced by name other than those available from The Curriculum Center for Family and Consumer Sciences; these are suggested as samples because they have been previewed for content and appropriateness. Teachers are encouraged to utilize additional videotapes they have personally previewed for appropriateness.
- **VISUAL DISPLAY** (see the Creative Ideas section)
- **WRITTEN EXERCISE**

BLENDED ACTIVITIES

Blended activities are teaching and learning strategies that encompass knowledge and skills expectations from multiple chapters. These activities promote student learning of multiple TEKS simultaneously through hands-on, project-based, and/or problem-solving activities.

Blended activities provide extension and application of the basic knowledge and skills developed in strategies that address each individual student expectation. Some also serve as a means of authentic assessment. Teaching Aid 102, ***Activity Assessment***, is also appropriate for many blended activities.

Included in the **Blended Activities** section are suggestions for FCCLA projects and programs that address multiple knowledge and skills expectations.

CREATIVE IDEAS

The rationale for this section, and guidelines for use, are provided on the section introductory page. Please read the **Creative Ideas** section! It provides many ideas for promoting active learning, as well as suggestions for saving teacher time and enhancing student learning and skills development.

TAKS OBJECTIVES AND PROFICIENCY

In response to teacher requests, a tabbed divider has been provided as a placeholder for filing updated TAKS objectives. This convenience, along with the icons for reading, writing, mathematics, science, and social studies in the Notes column of Instructional Strategy pages, will help you reinforce important academic concepts related to content in child care and early childhood education.

RESOURCES

The resource section includes a bibliography of resource ideas generated by writers and reviewers of the document. Resources, which are listed alphabetically, include books, publications, agencies and organizations, videotapes, and Web sites.

A separate tabbed-divider section has been provided so you can add additional resources that you locate or obtain through professional development sessions.

TEACHING AIDS

In response to popular demand, teaching aids include transparency masters, student information sheets, activity sheets, assessment devices, and other tools to facilitate instruction (and save teacher development time!). Remember that the companion pieces to the Curriculum Guide – the Reference Book and Student Activity Book – are valuable sources of additional student information and multiple student activities.

PROGRAM TOOLS

This section contains a miscellaneous assortment of tools that have been compiled from writers and reviewers of the document, which they have recommended as helpful in managing instruction and training coordination in this occupationally specific training area. It is important that you browse through this section to locate items that may save you valuable time, because these items will not be referenced elsewhere in the Curriculum Guide.

Chapter 122. Texas Essential Knowledge and Skills for Home Economics Education

Subchapter D. Child Development, Education, and Services; High School

Statutory Authority: The provisions of this Subchapter D issued under the Texas Education Code, §28.002, unless otherwise noted.

§122.31. Implementation of Texas Essential Knowledge and Skills for Home Economics Education, Child Development, Education, and Services; High School.

The provisions of Chapter 122, Subchapters B-K, shall supersede §75.83 of this title (relating to Vocational Home Economics) beginning September 1, 1998.

Source: The provisions of this §122.31 adopted to be effective September 1, 1998, 22 TexReg 5031.

§122.34. Child Care and Guidance, Management, and Services (Two to Three Credits).

(a) General requirements. This course provides occupationally specific training and is recommended for students in Grades 11-12. Students may be awarded two to three credits per year for one to two years for the successful completion of this course. Instruction may be delivered through school-based pre-employment laboratory training or through work-based delivery arrangements such as cooperative education, preceptorships, mentoring, and job shadowing. The two recommended prerequisites for this course are: Child Development, Nutrition and Food Science.

(b) Introduction. Knowledge and skills related to child growth and development equip individuals to develop positive relationships with children and effective parenting and caregiver skills. Individuals use these skills to promote the well-being and healthy development of children, strengthen families in a culturally diverse society, and pursue careers related to the care and education of children.

(c) Knowledge and skills.

(1)	**Business management procedures.** The student determines effective business management procedures for the child care industry.	The student is expected to: (A) analyze licensing and accreditation standards; (B) adhere to minimum standards, organization goals, policies, and procedures in the child care setting; (C) demonstrate effective management skills; and (D) identify the chain of command and responsibilities of each employee.
(2)	**Business management procedures.** The student analyzes the components of a safe and sanitary environment.	The student is expected to: (A) evaluate safety and sanitation standards in a child care setting; (B) practice emergency and evacuation procedures;

(C) demonstrate first aid and cardiopulmonary resuscitation (CPR) techniques; and

(D) summarize environmental conditions appropriate for a child care setting.

(3) **Business management procedures.** The student analyzes procedures for promoting health and wellness in the child care setting.

The student is expected to:

(A) observe screening and other health assessment techniques;

(B) describe effective methods of recording health-related information;

(C) explain state law in reporting suspected child abuse;

(D) utilize appropriate procedures for reporting accidents;

(E) practice techniques that promote good health and safety in young children; and

(F) describe appropriate methods of administering and storing medications.

(4) **Influences on child growth and development.** The student analyzes factors affecting growth and development of young children.

The student is expected to:

(A) explain how children progress through developmental stages;

(B) determine developmental differences in children of various ages;

(C) identify characteristics indicative of special needs or disabilities in children;

(D) explain influences on the physical, emotional, social, and intellectual development of children;

(E) identify the effects of child abuse on the growth and development of young children; and

(F) determine how society, culture, and changing demographics affect the growth and development of young children.

(5) **Influences on child growth and development.** The student utilizes developmentally appropriate teaching strategies for young children.

The student is expected to:

(A) apply the major learning theories when planning developmentally appropriate learning experiences for children;

(B) identify stimulating developmentally appropriate learning environments;

(C) demonstrate developmentally appropriate teaching methods and techniques;

(D) implement developmentally appropriate activities and lessons;

(E) develop appropriate adaptations of curriculum for children, including those with special needs;

(F) describe methods of assessing developmental levels of children;

(G) compare various observation techniques; and

(H) discuss the use of technology in teaching young children.

(6) **Influences on child growth and development.** The student evaluates the nutritional requirements and needs of young children.

The student is expected to:

(A) determine the role of following food guidelines in promoting children's health;

(B) plan attractive nutritious snacks and meals;

(C) demonstrate safe and sanitary food handling practices;

(D) propose dietary modifications for special diet needs; and

(E) develop strategies for creating a relaxed mealtime routine.

(7) **Interactions impacting behavioral development.** The student appraises various guidance techniques utilized with children.

The student is expected to:

(A) determine developmentally appropriate practices that promote self-discipline;

(B) practice effective communication skills;

(C) evaluate appropriate techniques to assist children in their adjustment to a child care setting;

(D) set up guidelines for assisting children with routine activities;

(E) propose developmentally appropriate practices that promote children's respect for diversity;

(F) identify guidance strategies for promoting positive behavior in children;

(G) describe guidance strategies for dealing with children's problems; and

(H) determine appropriate techniques when guiding children, including those with special needs.

(8) **Interactions impacting behavioral development.** The student analyzes behavior in children resulting from various family situations.

The student is expected to:

(A) describe the impact of family beliefs, customs, and culture on children's behavior;

(B) explain how diversity of family units and roles may be reflected in a child's behavior;

(C) describe the impact of family crises on children and family;

(D) identify roles of family members in supporting children during crises;

(E) analyze the effect of family stability on children's behavior; and

(F) describe how child abuse affects behavior.

(9) **Interactions impacting behavioral development.** The student determines appropriate procedures to promote active parental involvement in the child care setting.

The student is expected to:

(A) identify needs and opportunities for parental involvement in the child care setting;

(B) practice effective communication techniques that promote parental involvement; and

(C) implement strategies that enhance cooperation among the center, teacher, community, and family.

(10) **Career preparation.** The student exhibits employability skills that lead to job success in the child care industry.

The student is expected to:

(A) demonstrate effective verbal, nonverbal, written, and electronic communication skills;

(B) demonstrate effective methods to secure, maintain, and terminate employment;

(C) demonstrate positive interpersonal skills including conflict resolution, negotiation, teamwork, and leadership;

(D) evaluate the relationship of good physical and mental health to job success and achievement;

(E) demonstrate appropriate grooming and appearance for the workplace;

		(F) demonstrate appropriate business and personal etiquette in the workplace; and (G) exhibit productive work habits and attitudes.
(11)	**Career preparation.** The student determines employment opportunities and preparation requirements in the child care industry.	The student is expected to: (A) determine preparation requirements for various levels of employment in a variety of child care and early childhood education careers; (B) analyze the future employment outlook in the child care industry; (C) describe entrepreneurial opportunities in the child care industry; (D) determine how interests, abilities, personal priorities, and family responsibilities affect career choice; (E) compare rewards and demands for various levels of employment in a variety of careers; and (F) determine continuing education opportunities that enhance career advancement and promote lifelong learning.
(12)	**Career preparation.** The student demonstrates ethical and legal practices for careers in the child care industry.	The student is expected to: (A) summarize the rights and responsibilities of employers and employees; (B) exhibit ethical practices as defined by industry standards; (C) discuss legislation and public policies affecting the child care profession; and (D) summarize legal aspects of the child care and guidance, management, and services industry.
(13)	**Career preparation.** The student analyzes the management of multiple family, community, and wage-earner roles.	The student is expected to: (A) analyze challenges of managing multiple family, community, and wage-earner roles; and (B) exhibit management practices facilitating individuals assuming multiple roles.

Sample Course Outlines

As previously stated, instruction for Child Care and Guidance, Management, and Services may be delivered through school-based pre-employment laboratory education courses (PL) or through Family and Consumer Sciences Career Preparation, which may be taught using one or more instructional arrangements, such as cooperative education, internships, and job shadowing. There are thus **multiple approaches** that may be used effectively to organize instruction. Suggestions for managing group and individualized instruction, as well as various approaches for organizing and managing instruction, are provided in the *Family and Consumer Sciences Career Preparation Handbook*, available from The Curriculum Center for Family and Consumer Sciences. Sample course outlines for group instruction for the first year, first semester and first year, second semester are also provided in this handbook (see pages B-59 and B-60 in the *FCSCP Handbook*).

A detailed outline of the scope and sequence of learning experiences should be developed for the child care training area and personally tailored for each student. To assist teachers with this task, sample outlines for Child Care and Guidance, Management, and Services are provided in this section. One example has been provided for pre-employment laboratory education, and one for Family and Consumer Sciences Career Preparation (FCSCP).

The sample course outlines are included strictly as examples of how the scope and sequence of learning experiences might be developed. It is intended that these outlines will serve only as an aid to teachers in planning their own instructional outlines to cover Texas Essential Knowledge and Skills for Child Care and Guidance, Management, and Services.

Laboratory experiences are not specifically designated on the course outlines. These experiences should be scheduled throughout the year. Multiple approaches may be used to effectively facilitate instruction.

Sample Course Outline — Pre-employment Laboratory

First Semester – Week	Chapter(s) and Other Concepts
1	1 The Child Care Profession 2 Careers in Early Childhood Education and Care 3 Professionalism
2	4 The Child Care Center 5 Influences on the Development of Children
3	6 The Child Care Environment 7 Health Awareness 8 Safety Awareness
4	9 Health and Safety Procedures in Child Care 10 Handling Emergencies (CPR and First Aid Training)
5	12 Principles and Theories of Development 13 Physical Development
6	Review – Six Weeks Exam
7	14 Emotional and Social Development 15 Cognitive Development
8	16 Teaching Strategies Learning Through Observation
9	17 Newborns and Infants
10	18 Toddlers
11	19 Preschoolers
12	Review – Six Weeks Exam
13	20 School-age Children
14	21 Development of Children with Special Needs
15	22 Child Guidance/Behavior and Group Management
16	16 Teaching Strategies – Language Activities
17	16 Teaching Strategies – Music and Movement
18	Review – Six Weeks Exam

Second Semester – Week	Chapter(s) and Other Concepts
1	16 Teaching Strategies – Dramatic Play
2	16 Teaching Strategies – Active Play Activities
3	16 Teaching Strategies – Art Activities
4	16 Teaching Strategies – Science Activities
5	16 Teaching Strategies – Social Studies Activities
6	Review – Six Weeks Exam
7	16 Teaching Strategies – Math Activities
8	23 Curriculum Management
9	24 Facility Management
10	25 Child Care Program Organization and Administration
11	26 Food Service Management
12	Review – Six Weeks Exam
13	27 Financial Management
14	28 Parent, Community, and Professional Relationships
15	16 Teaching Strategies – Food and Nutrition Activities
16	16 Teaching Strategies – Field Trip Experiences
17	16 Teaching Strategies – Student-directed Activities*
18	Review – Six Weeks Exams

*Student-directed Activities – students plan activities for children using the culmination of their knowledge and skills. Students should work in conjunction with the pre-employment laboratory teacher and the FCS teacher in carrying out the lesson plans if feasible.

Sample Course Outline — FCSCP

First Semester – Week	Chapter(s) and Other Concepts	
1	25	Child Care Program Organization and Administration
2	1	The Child Care Profession
	3	Professionalism
	4	The Child Care Center
3	6	The Child Care Environment
4	22	Child Guidance/Behavior and Group Management
5-6	7	Health Awareness
	8	Safety Awareness
	9	Health and Safety Procedures in Child Care
7	10	Handling Emergencies (CPR and First Aid Training)
8	11	Daily Routines
9	5	Influences on the Development of Children
10-11	12	Principles and Theories of Development
	13	Physical Development
	14	Emotional and Social Development
	15	Cognitive Development
12-13	16	Teaching Strategies Learning Through Observation
14	17	Newborns and Infants
15	18	Toddlers
16	19	Preschoolers
17	20	School-age Children
18	21	Development of Children with Special Needs

Second Semester – Week	Chapter(s) and Other Concepts	
1	26	Food Service Management
2	23	Curriculum Management
3	24	Facility Management
4	27	Financial Management
5-6	28	Parent, Community, and Professional Relationships
7	16	Teaching Strategies – Language Activities
8	16	Teaching Strategies – Active Play Activities
9	16	Teaching Strategies – Music and Movement
10	16	Teaching Strategies – Dramatic Play
11	16	Teaching Strategies – Art Activities
12	16	Teaching Strategies – Science Activities
13	16	Teaching Strategies – Social Studies Activities
14	16	Teaching Strategies – Math Activities
15	16	Teaching Strategies – Food and Nutrition Activities
16	16	Teaching Strategies – Field Trip Experiences
17	16	Teaching Strategies – Student-directed Activities*
18	Comprehensive Project	

*Student-directed Activities – students plan activities for children using the culmination of their knowledge and skills. Students should work in conjunction with the training sponsor (laboratory teacher) and the FCS teacher-coordinator in carrying out the lesson plans if feasible.

Chapter 1

The Child Care Profession

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

4F Determine how society, culture, and changing demographics affect the growth and development of young children.

11B Analyze the future employment outlook in the child care industry.

11C Describe entrepreneurial opportunities in the child care industry.

12C Discuss legislation and public policies affecting the child care profession.

Chapter Vocabulary

caregiver
child care
child care center
child care profession
comprehensive care
curriculum
custodial care
developmental care
developmentally appropriate
early childhood education
employer-sponsored child care
extended-day programs
franchise
full-day programs
group care
group day home
half-day programs
individual care
kindergarten
learning philosophy
secondary care
sliding fee scale
social services

RESOURCES

Agencies and Organizations

Texas Department of Protective and Regulatory Services

U.S. Department of Health and Human Services

Publication

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines* (2000)

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Child Care Worker: Recipe for Success*
- *Study of the Child: History and Trends*
- *Working with Children*

Web Sites

Association for Childhood Education International
www.acei.org

Council for Professional Recognition
www.cdacouncil.org

Early Head Start Research Center
www.ehsnrc.org

National Association for the Education of Young Children
www.naeyc.org

National Child Care Information Center
www.nccic.org

National Head Start Association
www.nhsa.org

National Network for Child Care
www.nncc.org

National Resource Center for Health and Safety in Child Care
nrc.uchsc.edu

#1 GROUP ACTIVITY/TIMELINE

Notes

(TEKS 4F, 11B, 11C, 12C)

TAKS SOCIAL STUDIES

Divide the class into small groups. Assign each group to develop a timeline depicting the history of child care or early childhood education programs. Students may want to use several Web sites, such as National Association for the Education of Young Children at *www.naeyc.org*, Association for Childhood Education International at *www.acei.org*, and the National Child Care Information Center at *www.nccic.org* for additional information. The videotape, *Study of the Child: History and Trends*, available from The Curriculum Center for Family and Consumer Sciences, could also be viewed by students.

As an enrichment strategy, have students gather information about how society, culture, and changing demographics affect the child care profession as well as early childhood education. The videotapes, *Child Care Worker: Recipe for Success* and *Working with Children*, could also be used as resources.

Note: All videotapes are available from The Curriculum Center for Family and Consumer Sciences unless cited from another source.

#2 RESEARCH/VISUAL DISPLAY

(TEKS 4F, 11B, 11C, 12C)

TA 1 Venn Diagram

TAKS READING TAKS WRITING TAKS MATH

Have students research the types of child care or early childhood education programs, including Head Start, Early Head Start, preschool, day care, family child care, and early intervention programs. Resources include *Texas Day-care Center Minimum Standards and Guidelines*, the National Network for Child Care Web site at *www.nncc.org*, publications from Head Start and Early Head Start programs, and the *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* available through the U.S. Department of Health and Human Services. Students may prepare a visual display of information using poster board or a computer software program (e.g., PowerPoint) about each type of program such as:

- governing body responsibilities
- posting requirements
- enrollment information and other records (immunization records, TB tests, and records of attendance)
- personnel
  restrictions for criminal history
  background checks
  qualifications and responsibilities for director and staff
- facility operation/physical environment
  space requirements
  furnishings (telephones, storage, seating)
  equipment (indoor and outdoor)
  restrooms
- child-to-staff ratios and groupings
- safety, sanitation, and fire
- physical health and well-being
  illness and injury
  medications
  nutrition

BEST COPY AVAILABLE

Have students share their findings. As an enrichment activity, students could compare legal aspects of programs researched using Teaching Aid 1, ***Venn Diagram***, or other graphic organizers.

This strategy could also be used as a comprehensive project for students. Information could be gathered which include additional TEKS from other chapters.

#3 PANEL DISCUSSION

(TEKS 4F, 11B, 11C, 12C)

TAKS WRITING

Invite professionals from various early childhood education careers (e.g., child care director, kindergarten teacher, Head Start teacher) to serve on a panel. Have the guests describe their position, training responsibilities, qualities needed, a typical day, opportunities for growth, and their joys and frustrations of the career choice. Have students write a reaction summary of the presentation. Lead students to discuss and share their responses.

Sample Panel Questions

- What qualities do you look for in employees in your program?
- What is a typical day like in your facility?
- What training responsibilities must you assume in your position?
- What opportunities for personal and professional growth are provided?
- What are some of the joys you experience in your position? Frustrations?
- What are some typical challenges that you must face in your position?
- How do you see future employment in early childhood education and care?

#4 RESEARCH/ORAL PRESENTATION

(TEKS 4F, 11B, 11C)

TAKS READING TAKS WRITING

Assign each student one of the influential leaders featured on page 4 of the Reference Book. Have each student gather information about that individual and the contributions that person made to the study of child development and early childhood education. Have students prepare an oral presentation with some type of visual (e.g., poster, handout, PowerPoint) to share with the class.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 2

Careers in Early Childhood Education and Care

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.

10B Demonstrate effective methods to secure, maintain, and terminate employment.

10D Evaluate the relationship of good physical and mental health to job success and achievement.

10G Exhibit productive work habits and attitudes.

11A Determine preparation requirements for various levels of employment in a variety of child care and early childhood education careers.

11D Determine how interests, abilities, personal priorities, and family responsibilities affect career choice.

11E Compare rewards and demands for various levels of employment in a variety of careers.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

13A Analyze challenges of managing multiple family, community, and wage-earner roles.

13B Exhibit management practices facilitating individuals assuming multiple roles.

Chapter Vocabulary

associate teachers
Child Development Associate (CDA)
communication
confidentiality
credential
entry-level
ethical
portfolio
probationary period
references
resumé
specialists
teachers
teacher assistant

RESOURCES

Agencies and Organizations

Council for Professional Recognition (CDA National Credentialing Program)

National Association for the Education of Young Children

National Child Care Information Center

National Network for Child Care

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Careers in Child Development*
- *Working with Children*

Web Sites

Family Circle
www.familycircle.com

Good Housekeeping
www.goodhousekeeping.com

Parents
www.parents.com

Redbook
Redbook.women.com

Woman's Day
www.womansday.com

Women Today
www.womentodaymagazine.com

Working Mother
www.working-mother-magazine.com

#1 CASE STUDY

Divide the class into small groups. Have each group read the case study depicted on Teaching Aid 2, ***Working in Early Childhood Education and Care Careers***, and identify the employees as entry level, Level 2, Level 3, Level 4, and Related Jobs. Lead students to discuss the various levels of positions in early childhood education and care professions.

Key Questions

- How do various levels of positions in early childhood education and care professions differ?
- What education or experience is required for each level?
- What are some related jobs in addition to those listed in the case study which allow a person to work with children?

Notes

(TEKS 11A, 11F)

TA 2 Working in Early Childhood Education and Care Careers

#2 BRAINSTORMING/INDIVIDUAL OR GROUP ACTIVITY

Lead students to brainstorm qualities of successful child caregivers. List the qualities on an overhead, poster, or board. Distribute copies of Teaching Aid 3, ***The Ideal Child Care Professional***, to each student. Have each student design an ideal child care professional. After each individual or group has completed the activity, discuss the qualities and make a life-size model displaying the qualities of "The Ideal Child Care Professional." The drawing should be kept in a prominent place in the classroom all year, to serve as a continuous inspiration and reminder.

(TEKS 10A, 10B, 10D, 10G)

TA 3 The Ideal Child Care Professional

As an enrichment activity, have students view the video, *Careers in Child Development* or *Working with Children*. Discuss with students the careers available and the qualities depicted in the videos.

#3 WRITTEN EXERCISE

Have students write an essay titled "If I Were the Employer Where I Work Today, My Ideal Employee Would Be..." Ask students to incorporate the findings from their readings, videos, interviews, and other information provided. Have students share their essays with the class.

(TEKS 10A, 10B, 10D, 10G)

TAKS WRITING TAKS READING

#4 EDUCATIONAL TOUR

Arrange for the students to take a tour of a community college which offers an associate degree program in Child Development or Child Development Associate (CDA) credentials program. Have the college provide catalogs and other information about the courses offered for each student. Ask students to write a reflection of the tour.

(TEKS 11A, 11E, 11F)

Key Questions

- What courses are offered for students who want to pursue careers in early childhood education?
- How do the courses that are offered at the community college level differ from those offered at the secondary level?
- What are the requirements for the CDA credential?
- How do the requirements for the CDA differ from an associate degree at the community college level? How are the requirements alike?

#5 INDIVIDUAL ACTIVITY/GROUP ACTIVITY

(TEKS 11D, 13A, 13B)

TA 4a-b Management of Multiple Roles

Distribute copies of Teaching Aids 4a-b, ***Management of Multiple Roles***, for each student to read. In small groups or individually, have students discuss the strategies listed in the information sheet. Have students share their responses.

#6 INDIVIDUAL ACTIVITY/GROUP ACTIVITY

(TEKS 11D, 13A, 13B)

TAKS WRITING TAKS READING

Divide the class into small groups. Assign each group an article from a newspaper or magazine on the conflicts and challenges of managing multiple family, community, and wage-earner roles. Magazines that feature such articles include: *Good Housekeeping, Family Circle, Woman's Day, Women Today, Parents, Redbook, Working Mother*, as well as many others. Students could also search for articles on the Internet. See the Resource section for Web sites for each magazine. Have each group read the assigned article and prepare a written and an oral presentation on the strategies discussed in the readings.

#7 INDIVIDUAL ACTIVITY/VISUAL DISPLAY

(TEKS 10A, 10B, 11A, 11E)

Provide students with a variety of employment applications from different child care and early childhood education programs (e.g., child care center, preschool, Head Start, family day home). Have students complete the applications for practice. Lead students to discuss how the applications may differ and the information that each application requires.

#8 PROJECT

(TEKS 10A, 10B, 11A, 11E)

TAKS WRITING TAKS READING

Have students begin to develop a portfolio with resumé, letters of reference, and other tools. The portfolios can also be produced electronically. For more information on portfolios and electronic portfolios, see the Creative Ideas section of this guide.

A variety of tools for teaching students effective methods to secure, maintain, and terminate employment and effective verbal, nonverbal, written, and electronic communication are included in the following Teaching Aids:

Teaching Aid 5, ***Where Do You Look for Jobs?***
Teaching Aid 6, ***Letter of Inquiry***
Teaching Aid 7, ***Guidelines for Writing Resumés***
Teaching Aid 8, ***Guidelines for Writing Letters of Application***
Teaching Aid 9, ***Guidelines for Completing Job Applications***
Teaching Aid 10, ***Sample Job Application***
Teaching Aid 11, ***Interview Questions***
Teaching Aid 12, ***Sample Follow-up Letter***
Teaching Aid 13, ***Guidelines for Terminating Employment***
Teaching Aid 14, ***Suggested Obligations in Terminating Employment***

Have students develop examples for their portfolios/electronic portfolios. See the Creative Ideas section for an explanation. Teaching Aid 15, ***Differentiating the Levels of Electronic Portfolio Information***, provides guidelines for using electronic portfolios. These activities may be used in FCCLA for Dynamic Leadership, Leaders at Work, and Career Connection.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Power of One: Working on Working
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

TA 5 Where Do You Look for Jobs?

TA 6 Letter of Inquiry

TA 7 Guidelines for Writing Resumés

TA 8 Guidelines for Writing Letters of Application

TA 9 Guidelines for Completing Job Applications

TA 10 Sample Job Application

TA 11 Interview Questions

TA 12 Sample Follow-up Letter

TA 13 Guidelines for Terminating Employment

TA 14 Suggested Obligations in Terminating Employment

TA 15 Differentiating the Levels of Electronic Portfolio Information

Chapter 3

Professionalism

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1D Identify the chain of command and responsibilities of each employee.

10C Demonstrate positive interpersonal skills including conflict resolution, negotiation, teamwork, and leadership.

10E Demonstrate appropriate grooming and appearance for the workplace.

10F Demonstrate appropriate business and personal etiquette in the workplace.

10G Exhibit productive work habits and attitudes.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

12A Summarize the rights and responsibilities of employers and employees.

12B Exhibit ethical practices as defined by industry standards.

12C Discuss legislation and public policies affecting the child care profession.

Chapter Vocabulary

appropriate dress
Association for Childhood Education International (ACEI)
decision
ethics
National Association for the Education of Young Children (NAEYC)
profession
professional dress
professional organization
professionals
Southern Early Childhood Association (SECA)
Texas Department of Protective and Regulatory Services

RESOURCES

Web Sites

Association for Childhood Education International
www.acei.org

National Association for the Education of Young Children
www.naeyc.org

Southern Early Childhood Association
www.seca50.org

#1 BRAINSTORMING/WRITTEN EXERCISE

Lead students to brainstorm the definitions of *profession* and *professionalism*. Have students discuss qualities of someone who exhibits professionalism. List student responses on a poster or board. After the discussion, have students write a one-page essay about a person who they know is a professional. The essay should include qualities of professionalism.

Notes

(TEKS 10E, 10F, 10G)

TAKS WRITING

#2 RESEARCH/PROJECT

Have students research a variety of professional organizations (e.g., Association for Child Education International, National Association for the Education of Young Children, Southern Early Childhood Association) that represent early childhood education and care. Using the Internet, library resources, and classroom references, have students gather information about the mission statement, membership requirements, dues, benefits, Code of Ethics, and any other pertinent facts relating to professional issues of the organizations. Have students compile the information into a written report or visual display. Have students share their findings.

(TEKS 12A, 12B)

TAKS READING TAKS WRITING

#3 ROLE PLAY

Have students role play scenarios of correct/incorrect conversations and communications between coworkers, between the child care professional and a child's parent, and between a supervisor and a child care worker. Have students focus on the professional relationships that the employee needs to maintain. After the role plays, have the students develop a list of hints for professionalism in the workplace. Display the list in the classroom.

(TEKS 1D, 10C, 10F, 10G, 12A)

#4 PANEL DISCUSSION

Invite a panel of experts to discuss legislation and public policy affecting early childhood education and care. Experts might include a licensing specialist, center director, state representative from the area, children's advocate, and other appropriate guests. If a panel is not feasible, have students contact the experts via E-mail or through a telephone interview. Have students share their responses.

(TEKS 12A, 12B, 12C, 12D)

TAKS SOCIAL STUDIES

Key Questions

- How do legislation and public policy affect child care?
- What is the purpose of child care licensing?
- Why is it important to build a strong relationship with child care licensing?
- What laws regulate child care in Texas?
- What agencies and organizations serve as advocates for young children?
- How can child care centers help their staff follow licensing standards and policies?

(TEKS 10E, 10F, 10G)

#5 GUEST SPEAKER

Invite a child care professional to speak to the class about the importance of professional etiquette and grooming and dress in the workplace. This could be a Career Connection or Dynamic Leadership project for FCCLA.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Focus on Children; Occupational Child Care
- Power of One: A Better You; Work on Working
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 4

The Child Care Center

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1D Identify the chain of command and responsibilities of each employee.

3B Describe effective methods of recording health-related information.

3C Explain state law in reporting suspected child abuse.

4E Identify the effects of child abuse on the growth and development of young children.

7C Evaluate appropriate techniques to assist children in their adjustment to a child care setting.

8F Describe how child abuse affects behavior.

9B Practice effective communication techniques that promote parental involvement.

10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.

12A Summarize the rights and responsibilities of employers and employees.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

age-level coordinators
board of directors
chain of command
child abuse
developmental stage grouping
director
extended-day programs
lead teachers
liability
multi-age groupings
neglect
peer relationship
record keeping
reporting
self-care programs
subordinate relationships
supervisory relationship

RESOURCES

Agencies and Organizations

Prevent Child Abuse America

Texas Department of Protective and Regulatory Services
Child Abuse Prevention Kit (available annually)

U.S. Department of Health and Human Services

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:
- *Protecting Children from Abuse*

The Shaken Baby Alliance:
- *Shaken Angels*

Web Sites

Association for Childhood Education International
www.acei.org

Children's Trust Fund of Texas
www.ctf.state.tx.us

Early Head Start Research Center
www.ehsnrc.org

Kindercare
www.kindercare.com

National Association for the Education of Young Children
www.naeyc.org

National Center on Shaken Baby Syndrome
www.dontshake.com

National Child Care Information Center
www.nccic.org

National Head Start Association
www.nhsa.org

National Network for Child Care
www.nncc.org

Texas Young Lawyers Association
www.tyla.org

#1 INDIVIDUAL ACTIVITY/GROUP ACTIVITY

Notes

(TEKS 1D)

The following activities could be used to help students understand the chain of command and responsibilities of each employee at their workplace or in different types of child care. The Student Activity Book has an activity (4.1) that could serve as a guideline.

Paper Chains: Have students cut colored paper strips to use for the chains. On the first chain, instruct students to write a position found in the child care profession (e.g., director, board of directors, lead teachers). The "links" may include the levels of responsibility and a facet of the job. Assemble the chains using glue or staples. When used as a small group activity, have students share their chains of command.

Paper Bag Activity: Provide individual students or groups with small paper bags (lunch size bags work well) and strips of paper. Instruct students to label paper bags with levels of responsibility found in the staff organization of a child care center. For each level of responsibility, have students use the strips of paper to write types of activities related to that job. Have students place the strips of paper inside the bags. Have each student or group share their findings.

Puzzles: Provide individual students or groups with poster board or some other type of base on which to create a puzzle. Have students create a puzzle exemplifying the levels of responsibility in a child care center. Students may use text, pictures found from classroom resources, or other types of illustrations. After assembling, have students cut the completed puzzle into large pieces. Have students share their work.

#2 EDUCATIONAL TOUR

(TEKS 1D, 3B, 3C, 7C, 9B, 10A)

TA 16a-b Checklist: Child Care Facility Observation

Arrange for students to visit several different kinds of child care centers (e.g., church-sponsored, Montessori school, corporate-sponsored child care center, Head Start, franchise child care, privately owned child care center, family day provider). Have students observe different areas such as ratio of adults to children, groupings, lesson plans, facilities, equipment, fees, teacher qualities, and training. Kindercare, a national franchised child care center has a Web site which features a virtual tour on-line at *www.kindercare.com*.

Provide students with a copy of Teaching Aids 16a-b, ***Checklist: Child Care Facility Observation***. Have students complete the checklist while visiting the child care centers.

If an educational tour is not feasible, invite a panel of representatives to speak to the class, or have students conduct telephone interviews with a specific child care center. The information could be compiled into a large chart.

#3 INTERVIEWS

(TEKS 9B, 10A)

TA 17 Introducing Children to Child Care

TA 18 T-Chart Template

Have students interview parents who have children enrolled in a child care facility and interview a teacher or director about introducing children to child care. Based on their findings from the interviews, have students prepare a T-chart about the procedures used by each. Teaching Aid 17, ***Introducing Children to Child Care***, can be used as a guideline. Have students compare the responses from both parents and teacher/director. Ask students to share their findings. Teaching Aid 18, ***T-Chart Template***, can be used for further strategies using T-charts.

Sample Interview Questions

- What procedures were used by the center staff in introducing a child to child care?
- What steps should the parent make in helping their child be introduced to child care?
- Why is gradual introduction to group care important?

#4 RESEARCH/INDIVIDUAL ACTIVITY

(TEKS 7C, 9B, 12A)

Assign each student a type of child care center (e.g., church-sponsored, Montessori school, corporate-sponsored child care center, Head Start, franchise child care, privately owned child care center, family day provider). Using the Internet, library, and other resources gather information on their assigned topic. Information could include staff organization and training; how children are grouped; working with staff, parents and children; and introducing children to child care. Have students develop some type of presentation (e.g., PowerPoint, display) to share with the class about that type of child care.

#5 GUEST SPEAKER

(TEKS 1D, 3C, 12A, 12D)

Invite a representative from the Texas Department of Protective and Regulatory Services or a child care director to speak to the students about the reporting and liability concerns in child care. Have students write a reflection paper about the presentation. Share responses with the class.

#6 RESEARCH/WRITTEN ACTIVITY

(TEKS 3C, 4E, 8F, 12A, 12D)

Have students research the forms, causes, and effects of child abuse. Using library resources, the Internet, and textbooks, instruct students to write the answers to the following key questions. Lead students to share and discuss their responses with other class members.

Key Questions

- What is the definition of child abuse?
- What is child neglect?
- What are the types of abuse and neglect according to the Texas Family Code?

Key Questions, Continued

- What are typical characteristics of people who abuse children?
- What are the psychological, physiological, intellectual, and social effects of abuse on children?
- How does child abuse affect families? society?
- What is the responsibility of a child care employee in reporting child abuse?
- What is the penalty for failure to report child abuse?
- What are suggestions for treatment and prevention of child abuse?

#7 VIDEOTAPE/CLASS DISCUSSION

(TEKS 3C, 4E, 8F, 12A, 12D)

Have students view videotape such as *Protecting Children from Abuse*, or *Shaken Angels*, which is available from the Shaken Baby Alliance. Lead a class discussion on the effects of child abuse on the growth and development of children. Key questions from the previous strategy could be used or adapted.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Families First: Family Ties; Speak Out for FCCLA
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 5

Influences on the Development of Children

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 4E Identify the effects of child abuse on the growth and development of young children.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.
- 8B Explain how diversity of family units and roles may be reflected in a child's behavior.
- 8C Describe the impact of family crises on children and family.
- 8D Identify roles of family members in supporting children during crises.
- 8E Analyze the effect of family stability on children's behavior.
- 9A Identify needs and opportunities for parental involvement in the child care setting.
- 9B Practice effective communication techniques that promote parental involvement.
- 9C Implement strategies that enhance cooperation among the center, teacher, community, and family.

Chapter Vocabulary

blended family
conscience
culture
custody
developmental regressions
ethnic group
extended families
family violence
generation gap
grandparent-grandchildren families
mobility
moral development
nuclear families
peer pressure
self-concept
self-image
siblings
single-parent families

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

National Council on Family Relations

National Network for Family Resiliency

National Parent Information Network

Texas Cooperative Extension Services

Publications

National Association for the Education of Young Children, Washington, DC:

- *Young Children*

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Child Care*

Videotape

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Growing Up in Video World: Media and the Developing Child*

#1 BRAINSTORMING

Have students work in pairs or individually to list ways a family influences a child's physical, social, emotional, and cognitive development. Share the lists in class. Have students compare the lists to Teaching Aid 19, ***Family Influences on Development***. As an enrichment activity, have students compile a notebook with illustrations that explain ways a family can influence a child's development.

Notes

(TEKS 4D, 8A, 8B, 8C, 8D, 8E)

TA 19 Family Influences on Development

#2 INDIVIDUAL ACTIVITY

Have students create a scrapbook that illustrates family life. Component examples may include family pictures and written descriptions of such events as birthday celebrations, mealtime and bedtime routines, and holidays.

(TEKS 4D, 7E, 8A, 8B, 8E)

In small groups or as a class, have students share and compare various aspects of family lives. Have students share their books with the class. The activity could also be used as Families First or Power of One projects.

FCCLA

Key Questions

- How are the family routines and celebrations the same?
- How are the family routines and celebrations different?
- How do the factors presented influence the emotional and social development of children?
- Used in a child care setting, how would this activity promote children's respect for diversity?

#3 WRITTEN EXERCISE

Have students write a one-page essay on the statement, "The physical growth and development of children depends on heredity and the environment." Have students share their responses.

(TEKS 4D, 7E)

TAKS WRITING

#4 CHILDREN'S BOOKS/CLASS DISCUSSION

Divide the class into small groups. Assign each group one of the children's books listed on Teaching Aid 20, ***Family Relationships***. Have each group read the children's book and write five descriptive statements about the family members in that specific situation.

(TEKS 8A, 8B, 8C, 8D, 8E)

TA 20 Family Relationships

Lead a class discussion on ways that family members relate to each other. Ask students to write down five descriptive statements about the families in their assigned case study. Examples of statements might include:

- Families demonstrate affection.
- Families are sociable.
- Family members are supportive of one another.
- Family members are reserved with each other.
- Family members encourage each other.
- Family members go their own separate ways.

TAKS READING TAKS WRITING

Ask volunteers to share statements with the class.

Key Questions

- What kinds of families are depicted in the story?
- What kinds of relationships are evident in the book?
- How do siblings influence one another?
- How have the relationships in the family influenced the children?
- How have the family members in the story influenced the physical development of the children? emotional development? social development? cognitive development?
- How would you describe the relationships of the family members depicted in the story?

#5 GROUP ACTIVITY

(TEKS 4D, 4E, 8A, 8B, 8C, 8D, 8E)

TAKS READING TAKS SOCIAL STUDIES

Based on the previous strategy, have each group determine if there are any other influences (e.g., peer pressure, ethnic background, violence, illness or death, religion, income level) on the children in the story and their development.

As an alternative strategy, have students read books about the importance of friends, school, and other environmental factors that may influence children. Examples might include: *Could We Be Friends? Poems for Pals* by Bobbi Katz and *The Very First Adventure of Fulton T. Firefly* written by Laura Noah and Phil Margo. Students could also do a library search for other books that may focus on factors that influence children in a positive way.

(TEKS 4D, 8A, 8B, 8D, 8E)

TA 21 All I Ever Really Needed to Know I Learned in Kindergarten

TA 22 Children Learn What They Live

#6 INDIVIDUAL ACTIVITY

Read aloud to the class Teaching Aid 21, ***All I Ever Really Needed to Know I Learned in Kindergarten***, or Teaching Aid 22, ***Children Learn What They Live***. Have students react to the readings.

#7 INDIVIDUAL ACTIVITY

(TEKS 8A, 8B, 8C, 8D, 8E)

TAKS READING TAKS WRITING

Have students locate an article in a newspaper or magazine that depicts negative and/or positive examples of influences on child development. Instruct each student to write a summary about the article. Lead students to share their findings with the class.

#8 VIDEOTAPE/GROUP ACTIVITY

(TEKS 4D, 4F, 5H)

TAKS WRITING TAKS SOCIAL STUDIES

Note: This activity may be adapted to evaluate media for any age group (preschool to teen).

Have students view *Growing Up in Video World: Media and the Developing Child*, or some comparable video. Lead a class discussion regarding the effect of television and video games on preschoolers. Divide the class into two large groups–one group will research television programs, the other will research video games. In their large groups, have students brainstorm

for factors and criteria that may be evaluated for television and video games (these factors and criteria may differ slightly). Using the list of brainstormed items, have students subdivide into small groups or pairs to research the topic provided. As a summary, have the large groups come back together to prepare and present their findings. Possible presentation formats include brochures created for parents, posters, or PowerPoint. Some factors and criteria that may be considered in the evaluation include the following:

- Media targeting a specific gender
- Violence presented
- Types of behavior exhibited in character roles
- Underlying message
- Potential impact on emotional development
- Potential impact on social development
- Potential impact on language

#9 VIDEOTAPE/CLASS DISCUSSION

(TEKS 8A, 8B, 8C, 8D, 8E)

Have students view a videotape about the influences of the family on children, such as *Mr. Holland's Opus*, *The Yearling*, *Little Women*, *The Sound of Music*, *A Tree Grows in Brooklyn*, and *Life with Father*. If a videotape is not accessible, have students view a television program or a segment that exhibits various influences. Examples might include: *The Cosby Show*, *Family Matters*, *Facts of Life*, and *Seventh Heaven*. Lead students to discuss influences on children observed in the viewing.

Key Questions

- How can the diversity of the family unit and its roles be reflected in a child's behavior?
- How can family crises impact the children and the family?
- How does family stability affect a child's behavior?

#10 INDIVIDUAL ACTIVITY

(TEKS 9A, 9B, 9C)

TA 23 Ways to Involve Parents

Using Teaching Aid 23, ***Ways to Involve Parents***, lead a class discussion on how involving parents with various activities may encourage the parents to become more involved with their children's activities. Chapter 28 in the Reference Book provides additional teaching strategies for ways to involve parents.

Key Questions

- What is the role of the teacher/child care practitioner in communicating with parents?
- Why is it important to remember that parents are the primary caregivers for their children?
- What are some guidelines for communicating with parents?
- What kinds of early childhood intervention are available in the community?
- How are the parents involved in early childhood intervention involved with the program?

(TEKS 4D, 4E, 8A, 8B, 8C, 8D, 8E,)

#11 INDIVIDUAL ACTIVITY

Have students construct cubes/square boxes of any size. One way is to trim two paper milk cartons to the same height and insert the open end of one carton into the open end of the other. Cover the cube with butcher paper or wrapping paper. Using written words, pictures from magazines, or hand-drawings, instruct students to list/illustrate on the cube heredity and environmental factors that make them unique.

(TEKS 4D, 4E, 8A, 8B, 8C, 8D, 8E)

#12 T-CHART

Lead students to generate statements related to children's environmental factors that may influence behavior. Provide a T-Chart so that students can list factors and behavior. It can also be listed as "If...Then"

Examples–

IF	THEN
√ If families do not care for their children properly by providing food, clothing, shelter, love and affection...	√ Then growth and development may be delayed.
√ If children feel that they are not important to anyone...	√ Then they may develop a negative self-image.

(TEKS 4D, 7E, 8A, 8B, 8E, 9C)

TA 15 Differentiating the Levels of Electronic Portfolio Implementation

#13 PROJECT

Have students use one of the following activities in working with the children in their lab or work station:

- **Class/day care album**: Take pictures of each child and create a photo album. Each child has a page or two that will include some or all of the following information: name; date of birth; and pictures of family members/pets; pictures of their favorite toys; pictures or drawings of their home. Children could also include personal favorites, such as foods, holidays, and colors. **Note**: Albums may be designed using any of the electronic levels highlighted in Teaching Aid 15, ***Differentiating the Levels of Electronic Portfolio Implementation***.
- **Infants and Toddlers**: Have students compile a "Growth" album to show growth through pictures. Find a spot beside a fence, next to a bench, or in front of a brick wall and snap a photo of the child. Return every 2-3 months to the same spot for another photo. Variation: Display photos on a class bulletin board.
- **Three and Four Years**: Use washable ink to make handprints on paper or use a kit with plaster of paris or some other quick-drying moldable substance. Compare handprints taken at the beginning and ending of each year.
- **Five and Six Years**: Tape record the child reading a favorite book. This can be done periodically to highlight the child's reading ability.

FCCLA

FCCLA ACTIVITIES

- Families First: Families Today; Meet the Challenge
- Power of One: Family Ties

Chapter 6

The Child Care Environment

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3E Practice techniques that promote good health and safety in young children.

7B Practice effective communication skills.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

consumable equipment
equipment
furnishings
large motor skills
learning centers
sanitized
stimulating environment
supplies
tactile
wholesome

RESOURCES

Agencies and Organizations

Association for Childhood Education International

National Association for the Education of Young Children

Southern Early Childhood Association

Texas Department of Protective and Regulatory Services

Book

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Publications

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines*
- *Registered Family Homes Minimum Standards and Guidelines*
- *Minimum Standards for Group Day-Care Homes*
- *Minimum Standards for Kindergartens and Nursery Schools*
- *Minimum Standards for Schools: Grades Kindergarten and Above*
- *Minimum Standards for Drop-in Care Centers*

#1 BRAINSTORMING/WRITTEN EXERCISE

Write the question, "What is a wholesome child care environment?" on the board or overhead. Lead students to brainstorm what the question means to them. List ideas under the question.

As an alternative activity, have students write at least one page about what they consider a wholesome child care environment. Have students volunteer to share their responses.

Notes

(TEKS 1A, 1B, 2A, 2D, 3E, 12D)

#2 EDUCATIONAL TOUR

Arrange for students to observe at a local child care facility and complete information on Teaching Aid 24, ***Physical Facility Observation***. Have students report their findings to the class. If students observe at different centers, have them compare the physical environments.

(TEKS 1A, 1B, 2A, 2D, 3E, 12D)

TA 24 Physical Facility Observation

Key Questions

- What elements contribute to a positive physical child care environment?
- What changes did you recommend?
- What other solutions are possible?
- How were the centers alike? different?

#3 GROUP ACTIVITY

Divide the class into small groups. Have each group design a child care facility. The designs may be working models, posters, PowerPoint slides, or other types of visuals. Instruct students to determine some or all of the following factors in the center design:

- Facility hours
- Children's needs in relation to ages
- State and governmental regulations regarding indoor/outdoor space requirements, furnishings, and equipment
- Learning/activity centers
- Safety, sanitation, and fire considerations
- Areas
  - arrival and departure areas
  - emergency areas
  - toileting areas
  - food preparation and serving areas
  - sleeping areas
  - storage areas

After the projects are completed, have each group share their findings. Provide copies of the minimum standards and guidelines for day care centers as well as family day providers and other important references. The following teaching aids could be used to help students with this project:

Teaching Aid 25a, ***Calculating Space Requirements***
Teaching Aid 25b, ***Calculating Space Requirements Answer Key***
Teaching Aid 26, ***Methods for Noise Control***
Teaching Aid 27, ***Designing a Toileting Area***

(TEKS 1A, 1B, 2A, 2D, 4B, 4C, 5B, 5D, 6C, 6E)

TA 25a Calculating Space Requirements

TA 25b Calculating Space Requirements Answer Key

TA 26 Methods for Noise Control

TA 27 Designing a Toileting Area

TAKS SCIENCE TAKS MATH

TA 28 Furnishings Template

TA 29 Outdoor Space Template

TA 30 Age-Appropriate Toys and Play Equipment

Teaching Aid 28, ***Furnishings Template***
Teaching Aid 29, ***Outdoor Space Template***
Teaching Aid 30, ***Age-Appropriate Toys and Play Equipment***

#4 INDIVIDUAL ACTIVITY/VISUAL DISPLAY

(TEKS 1A, 1B, 2A, 2D, 3E, 12D)

As a class or as an individual activity, have students develop a visual display (e.g., poster, bulletin board, mobile) depicting guidelines for arranging indoor and outdoor space. Make provisions for the display to be seen in a prominent place in the classroom.

#5 SCENARIOS/GROUP ACTIVITY

(TEKS 1A, 1B, 2A, 2D, 3E, 12D)

Divide the class into small groups. Assign each group one of the areas of development (physical, social, emotional, cognitive). Have each group write a scenario that involves children in a positive environment and a scenario that describes children in a negative environment for that particular type of development. Have students share the scenarios and the importance of the child care environment in each situation.

Key Questions

- What are some qualities of an environment that promotes positive physical development? emotional development? social development? cognitive development?

#6 VISUAL DISPLAY/INDIVIDUAL ACTIVITY

(TEKS 1A, 1B, 2A, 2D, 3E, 12D)

Provide students with a wide variety of magazines, catalogs, and other publications that feature instructional materials, furnishings, and equipment for the child care environment. Have students determine which items would contribute to a wholesome child care environment.

Key Questions

- Which items contribute to positive physical development? emotional development? social development? cognitive development?

As a follow-up strategy, have students view the videotape, *Space for Growth and Development*, or a similar video to summarize what contributes to a wholesome child care environment.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 7

Health Awareness

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3A Observe screening and other health assessment techniques.
- 3E Practice techniques that promote good health and safety in young children.
- 3F Describe appropriate methods of administering and storing medications.
- 12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

acquired immune deficiency syndrome
allergy
asthma
cerebral palsy
chronic illnesses
coma
communicable
contagious
cystic fibrosis
diabetes
epilepsy
grand mal seizure
head lice
health awareness
hepatitis A
hyperglycemia
hypoglycemia
infectious
insulin
petit mal seizures
psychomotor seizures
shaken baby syndrome
sickle cell anemia

RESOURCES

Agencies and Organizations

American Academy of Pediatrics

American Cancer Society

American Dental Association

American Diabetes Association

Council for Exceptional Children

Texas Department of Health

Texas Department of Protective and Regulatory Services

Book

Marotz, Lynn R., Cross, Marie Z., and Rush, Jeanettia M. (2001). *Health, Safety, and Nutrition for the Young Child* (5th Ed.). Albany, NY: Delmar.

Teaching Kit

Starting Small Teaching Tolerance in Preschool and the Early Grades. Montgomery, AL: Southern Poverty Law Center.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Common Childhood Illnesses*
- *Early Childhood Health Issues*

Web Sites

American Library Association
www.ala.org

Center for Disease Control and Prevention
www.cdc.org

March of Dimes Birth Defects Foundation
www.modimes.org

National Health Information Center
www.health.gov/nhic

#1 PROJECT

The project can be accomplished individually or in small groups. Have students create awareness brochures that provide information on illnesses common in group child care or school settings. The brochures could be designed as training tools for early childhood education and care professionals or guides for parents/guardians. Resources for the project could include Table 7.1 and Table 7.2 in the Reference Book, as well as the Internet, library references, or classroom resources. Brochures can be paper/pencil or computer-generated. Teaching Aids 31a-b, ***Brochure Assessment***, can be used as an evaluation tool for students. Have students display the brochures at child care centers, school nurse's office, elementary schools, and other appropriate places.

Notes

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TA 31a-b Brochure Assessment

TAKS READING TAKS WRITING

#2 INDIVIDUAL ACTIVITY/WRITTEN EXERCISE

Provide students with various articles or stories from magazines, newspapers, or journals about some aspect of children's health needs. The articles may focus on health issues, such as rest, nutrition, exercise, sanitation, contagious disease, immunizations, children with special health needs, and professional medical care. Assign each student one of the articles or stories, and have students write a reaction paper to the assigned reading. Lead students to share their responses with the class.

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TAKS READING TAKS SCIENCE TAKS WRITING

#3 VIDEOTAPE/LISTENING TEAMS

Have students view a videotape such as *Common Childhood Illnesses*, *Early Childhood Health Issues*, or a similar video. Instruct students to use listening teams to summarize the information presented in the videotape. Have students share their findings with the class.

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TAKS SCIENCE

#4 RESEARCH/CLASS DISCUSSION/VISUAL DISPLAY

Have students use textbooks, the Internet, and library resources to gather information concerning factors essential to the health of children (characteristics of the healthy child, recognition of illness, and diseases found in child care settings). Point out that appropriate health care for children can help lay the foundation for health throughout life. Guide students to make a visual display of essential health-related factors for the classroom. Provide students with copies of Teaching Aids 32a-b, ***Common Childhood Illnesses***, and Teaching Aid 33, ***Diseases Preventable Through Immunization***, to assist with a class discussion of the diseases that threaten children and the immunizations necessary for children's health.

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TA 32a-b Common Childhood Illnesses

TA 33 Diseases Preventable Through Immunization

TAKS READING TAKS SCIENCE TAKS WRITING

Key Questions

- In what ways can a caregiver help control the spread of contagious diseases?
- What hygiene practices should be incorporated into a child's daily routine?

BEST COPY AVAILABLE

Key Questions, Continued

- What policies and procedures should be implemented in schools and child care facilities in regard to communicable diseases?
- What are factors essential to the health of children?

#5 CLASS DISCUSSION/GROUP ACTIVITY

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

Lead students to discuss appropriate responses to illness (e.g., parent, employer, caregiver) and guidelines for communicating information to the appropriate people and agencies. Divide the class into five groups. Provide each group with markers and a poster or newsprint titled with one of the following topics: parent and employer response, caregiver response, communicating health and safety information to parents, communicating illnesses to licensing agencies, and communicable childhood disease. Ask each group to write guidelines for the assigned topic. Have each group share their responses.

#6 VISUAL DISPLAY/PROJECT

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TA 34 Books about Children with Special Health Needs

TAKS READING TAKS WRITING

FCCLA

Provide a variety of children's books that feature stories about children with special medical needs. Examples of books that depict children with special health needs are listed on Teaching Aid 34, ***Books about Children with Special Health Needs***. Have each student choose a book and share the information that is featured in the selected book. Students could also research information on the Internet or library about additional books that tell a story about a child with some type of special health need.

As a follow-up strategy, have students read some of the selected books to children at their work station or laboratory setting. If feasible, the students could develop a lesson plan using the book(s) designed for a specific audience. The lesson plan might include music, puppets, games, or some other activity designed and implemented for that audience. This strategy could be used as a Ready, Set, Read project in FCCLA.

#7 PROJECT

(TEKS 2A, 2D, 3A, 3E, 3F, 12D)

TAKS READING TAKS WRITING

FCCLA

Have students write a children's book or story about some aspect of appropriate health care that impacts the well-being of children, such as the importance and mechanics of washing hands, brushing teeth, or getting a medical checkup. Ask each student to identify the age group of children targeted as the audience, and encourage students to relay concepts they have learned through their observations. Have students draw pictures or use photos from magazines to illustrate the story. Have students share their books or stories with the class. As an enrichment activity, students could share the book or stories with children in some type of setting. This strategy could also be used as a Ready, Set, Read! project in FCCLA.

FCCLA ACTIVITIES

- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 8

Safety Awareness

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.
- 3F Describe appropriate methods of administering and storing medications.
- 12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

accident
combustible materials
drown
fall zones
flammable materials
spontaneously combustible materials
suffocate

RESOURCES

Agencies and Organizations

American Red Cross

Juvenile Products Manufacturers Association

Kidsource

National Highway Traffic Safety Administration

Texas Cooperative Extension Service - Family and Consumer Sciences

Texas Department of Protective and Regulatory Services

Texas Department of Public Safety

Book

Marotz, Lynn R., Cross, Marie Z., and Rush, Jeanettia M. (2001). *Health, Safety, and Nutrition for the Young Child* (5th Ed.). Albany, NY: Delmar.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Child Care Safety*
- *Safe and Sound*

#1 CLASS DISCUSSION/INTERNET SEARCH

Notes

(TEKS 2A, 2D, 3E, 3F, 12D)

TAKS READING

Lead students to discuss the importance of safety rules and regulations in child care and the agencies and organizations influencing those regulations and procedures. Have students search the Internet for some of those regulations. Examples might include such agencies as the Texas Department of Protective and Regulatory Services and Texas Department of Health.

Key Questions

- What agencies and organizations influence safety regulations and procedures in child care?
- Why is it important for child care facilities to follow safety standards and procedures?

#2 SCENARIOS/WRITTEN EXERCISE

(TEKS 2A, 2D, 3E, 3F, 12D)

TA 35 Safety Awareness Scenarios

Procedures and policies for dealing with accidents and injuries should be established with all child care staff as well as the parents of the children. Have each student respond to the scenarios depicted on Teaching Aid 35, ***Safety Awareness Scenarios***. Ask students to write additional scenarios.

#3 GROUP ACTIVITY/SKITS

(TEKS 2A, 2D, 3E, 3F, 12D)

TAKS WRITING TAKS SCIENCE

Divide the class into small groups. Have each group write and present a puppet show or skit providing safety information in the physical environment. Assign each group one of the following topics:

- Burns
- Electrical shock
- Fire
- Suffocation
- Drowning
- Poisoning
- Cuts, bumps, and bruises
- Falls
- Other hazards

FCCLA

Have students present the safety puppet shows to the class. As an FCCLA project, students can present the shows or skits to children and adults in a setting for children.

Key Questions

- What are procedures to help develop safety inside the home or child care setting?
- What are procedures to help develop safety in the outdoor environment?
- What are practices that promote the children at various developmental levels?

#4 GUEST SPEAKER

(TEKS 2A, 2D, 3E, 3F, 12D)

FCCLA

Invite the Family and Consumer Sciences county extension agent, safety officer with the Texas Department of Public Safety, or a local law enforcement officer to address the class on proper procedures in protecting young children in family cars and other means of transportation. This could be a Families Acting for Community Traffic Safety (FACTS) project for FCCLA.

#5 VIDEOTAPE/RESEARCH

(TEKS 2A, 2D, 3E, 3F, 12D)

TA 36a-b Safety for Children at Different Levels of Development - Ages 5-12

TAKS WRITING TAKS READING TAKS SCIENCE

Have students read Table 8.1 in the Reference Book to review practices that promote safety of children at developmental levels birth through age four. Have students use Teaching Aids 36a-b, ***Safety for Children at Different Levels of Development - Ages 5-12***, to gather information on practices that promote the safety of children for those developmental levels.

Students may use the Internet, the school library, and other classroom resources for additional information. The videotapes, *Child Care Safety* and *Safe and Sound*, could be used to review vital information. Lead a class discussion to reinforce important safety practices.

Key Questions

- What safety practices need to be followed in the child care setting?
- What safety procedures must be followed in the outdoor environment?
- What hazards should be looked for by the caregiver in the child care setting?
- What practices promote the safety of children at different levels of development?
- How can safety awareness be taught to young children?
- How do science concepts relate to safety?

#6 PROJECT

(TEKS 2A, 2D, 3E, 3F, 12D)

FCCLA

Using the information from the previous strategy, instruct students to design and create safety posters for preschool and school-age children. The posters should use no words but should graphically warn children about potential hazards. Have students share their posters, and display them in the classroom. As an FCCLA project, students could display the posters in child care centers and elementary schools. Students could also talk to the children about following the safety rules.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 9

Health and Safety Procedures in Child Care

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3A Observe screening and other health assessment techniques.

3B Describe effective methods of recording health-related information.

3E Practice techniques that promote good health and safety in young children.

3F Describe appropriate methods of administering and storing medications.

6C Demonstrate safe and sanitary food handling practices.

7D Set up guidelines for assisting children with routine activities.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

cross-contamination
foodborne illness
health assessment
health history
health observations
hygiene
immunization
incidental learning
neurological
nutrition
obesity
psychological
salmonellosis
sanitation
screening tests
staphylococcus

RESOURCES

Agencies and Organizations

American Dietetic Association

Texas Cooperative Extension Service

Texas Department of Health

U.S. Department of Agriculture

Book

Marotz, Lynn R., Cross, Marie Z., and Rush, Jeanettia M. (2001). *Health, Safety, and Nutrition for the Young Child* (5th Ed.). Albany, NY: Delmar.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Handling Hazards in Child Care: Part I (Establishing a Safe Child Care Environment)*
- *Handling Hazards in Child Care: Part II (Universal Precautions in Child Care)*

Web Sites

American Society for Microbiology
www.microbe.org or www.washup.org

Center for Disease Control and Prevention
www.cdc.gov

Henry the Hand Foundation
www.henrythehand.com

Iowa State University Extension Service
www.extension.iastate.edu/childcare

Kids Doctor
www.kidsdoctor.com

Nutrition for Children
www.nutritionforkids.com

Occupational Health and Safety Administration
www.osha.gov

United States Department of Agriculture – National Agricultural Library
www.nal.usda.gov

Notes

#1 INTERVIEW/GUEST SPEAKER

Have students interview or invite a child care professional or healthcare professional (e.g., school nurse, health department educator) who focuses on health and safety procedures in the child care environment.

(TEKS 2A, 2D, 3A, 3B, 3E, 3F)

Key Questions

- What is the purpose of the individual's role in assessing the health of children?
- What is the purpose of screening tests?
- What are some of the screening tests that might be used in a child care facility?
- Why is it important to have a health history on each child?
- Why are health observations important?
- How does the classroom's physical environment (e.g., temperature, ventilation, lighting) affect the health of children?
- Why is it important for the child caregiver to recognize signs of poor health?
- What guidelines should be followed for administering and storing medications?
- Why should accurate child care health records be kept?
- What items of information should be kept on a child's healthcare record?

As an enrichment activity, have the child care professional or healthcare professional demonstrate to the class how to conduct common screening tests and record results for assessments frequently done in the child care setting.

#2 INDIVIDUAL ACTIVITY/WRITTEN EXERCISE

Have students prepare their own health history, including immunization records, illnesses, surgeries, eye examinations, and other important information. Lead students to compare the items included with the health history records required for licensing.

(TEKS 2A, 2D, 3A, 3B, 3E, 3F)

#3 INDIVIDUAL ACTIVITY/VISUAL DISPLAY

Provide a display of examples of health observation checklists for students to examine. Have each student complete one of the observation checklists (with parental permission) of a child that they know. It is important for the student to keep the child's name confidential. Instruct the students to offer only the gender and age. Ask students to write a short paper about how health observations can be used when working with children.

(TEKS 2A, 2D, 3A, 3B, 3E, 3F)

TAKS WRITING

#4 VISUAL DISPLAY/PROJECT

(TEKS 2A, 2D, 3A, 3B, 3E, 3F)

Have students make a visual display (e.g., collage, poster) of appropriate clothing and shoes for children of different ages. Developmentally appropriate, safety, and temperature control features should be considered and identified for each article of clothing and shoes.

#5 CLASS DISCUSSION/RESEARCH

(TEKS 1A, 1B, 2A, 2D, 3A, 3E, 6C, 7D)

TA 37 When Do You Wash Your Hands?

TAKS READING TAKS WRITING TAKS SCIENCE

Distribute copies of Teaching Aid 37, ***When Do You Wash Your Hands?*** Lead a discussion regarding the importance of frequent and thorough handwashing by children and caregivers. To stress the importance of handwashing, have students research the Internet, library references, and other classroom resources. Based on their findings, have students develop an oral presentation to give to their peers or children.

Two valuable resources in teaching children about this topic are the Iowa State University – Extension publication, *Teaching Children about Food Safety: A Guide for Child Care Providers*. The publication can be found at: *www.extension.iastate.edu/childcare*
Henry the Hand Foundation Web site (*www.henrythehand.com*) is another resource.

Key Questions

- What types of illnesses can be transmitted through improper handwashing?
- How can the importance of handwashing be impressed upon children?
- What kinds of reminders can be posted for children to see?

#6 VIDEOTAPE

(TEKS 1A, 1B, 2A, 2D, 3A, 3E, 6C, 7D, 12D)

Have students view videotapes, such as *Handling Hazards in Child Care: Part I (Establishing a Safe Child Care Environment)* and *Handling Hazards in Child Care: Part II (Universal Precautions in Child Care)*.

Using the checklists provided by the videos, have students observe the safety requirements (OSHA) and what type of hazard communication program is in place in the child care facilities where they work.

#7 DEMONSTRATION

(TEKS 1A, 1B, 2A, 2D, 3A, 3E, 6C, 7D, 12D)

Based on the information in the preceding strategy, have students demonstrate all of the following activities:

- Proper handwashing
- Interpreting a Material Safety Data Sheet (MSDS)
- Proper disinfection of the environment
- Correct techniques for handling body fluids

#8 INDIVIDUAL ACTIVITY/CLASS DISCUSSION

(TEKS 1A, 1B, 1C, 2A, 2B, 2D, 3E)

Distribute copies of Teaching Aid 38, ***Checklist of Sanitary Food Preparation Methods***. Ask each student to complete the checklist to determine a personal sanitary food worker rating. Lead students to discuss health and safety procedures in the food preparation and food service areas.

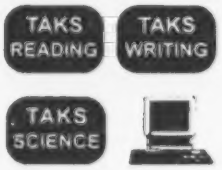
TA 38 Checklist of Sanitary Food Preparation Methods

#9 GROUP ACTIVITY/ORAL PRESENTATION

(TEKS 1C, 2A, 2B, 2D, 3E, 6C)

Divide the class into five groups, and give each group a copy of Teaching Aid 39, ***Food Guide Pyramid for Young Children***. Assign each group one of the listed food groups. Have students gather information from nutrition and food science resources, the Internet, and library references to list several examples of foods in their assigned food group, nutrients provided by that food group, and reasons each of the nutrients are essential to children. Have each group share their findings through some type of oral presentation (e.g., PowerPoint, slides).

TA 39 Food Guide Pyramid for Young Children

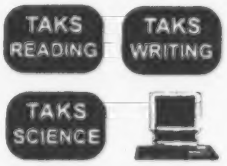


Chapter 26, Food Service Management in the Reference Book, will furnish more information about planning and management of food preparation.

#10 GAME

(TEKS 1A, 1B, 1C, 2A, 2B, 2D, 3E, 6C)

Provide a variety of magazines on children or nutrition. As a scavenger hunt, have each student locate information (e.g., obesity, food choices, food portions, Food Guide Pyramid for Children, cultural and ethnic customs) in one of the magazines about children and nutrition. Ask each student to find at least four major points in the magazine article to share with the class.

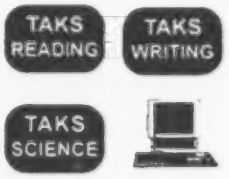


Note: This technique can be used with a variety of topics (e.g., immunizations, food preparation, sanitation, health education).

#11 RESEARCH/INDIVIDUAL ACTIVITY

(TEKS 1A, 1B, 1C, 2A, 2B, 2D, 3E, 6C)

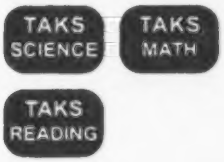
Assign students one of the diseases for which immunizations are required in Texas (e.g., Hepatitis B, Measles, Chicken Pox, Tetanus). Students can use the Internet, library references, and classroom resources to gather information. Have students share their findings in a written report or oral presentation.



As an alternative strategy, invite the school nurse or a representative from the county or state health department to talk about the immunizations that are required.

As an FCCLA chapter service project, students could become involved in the Texas Department of Health's campaign. Students could promote National Immunization Week as well.

(TEKS 1A, 1B, 1C, 2A, 2B, 2D, 4E, 6C, 7D, 12D)



#12 CLASS DISCUSSION

Lead a class discussion on the importance of health education for young children. Lead students to brainstorm ways to include health information in the following situations:

- Dramatic play (hospital or clinic props)
- Group time (stories about doctors or being sick)
- Play (exercises, counting games, outdoor games)
- Quiet area (body puzzles or books on health)
- Science (stethoscope activity)
- Snack time (children make nutritious snacks)
- Story time (books and puppets on nutrition or health)

Key Questions

- Why is it important for caregivers to be good role models?
- What areas of health education should be emphasized to children?
- How can incidental learning be used to teach children about health?

(TEKS 1A, 1B, 1C, 2A, 2B, 2D, 4E, 6C, 7D, 12D)

#13 PROJECT

Have groups of students develop and prepare a hand or finger puppet show that focuses on promoting good health habits in young children. Have students introduce their puppets in class and show how they would use them with young children. This strategy could also be used as an FCCLA project.

Key Questions

- What good health habits were promoted by the puppets?
- Why might a puppet be more effective as a teaching technique than a caregiver talking directly to children?

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Power of One: Family Ties; Speak Out for FCCLA
- Families First: Families Today; Meet the Challenge; Parent Practice
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 10

Handling Emergencies

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1A Analyze licensing and accreditation standards.
1D Identify the chain of command and responsibilities of each employee.
2A Evaluate safety and sanitation standards in a child care setting.
2B Practice emergency and evacuation procedures.
3B Describe effective methods of recording health-related information.
3D Utilize appropriate procedures for reporting accidents.
3E Practice techniques that promote good health and safety in young children.
12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

attention alert signal
caustic poisons
CPR
extinguish
fire extinguisher
first aid
immobilize
non-caustic poisons
shock
third degree burns
tornado warning
tornado watch

RESOURCES

Book

Marotz, Lynn R., Cross, Marie Z., and Rush, Jeanettia M. (2001). *Health, Safety, and Nutrition for the Young Child* (5th Ed.). Albany, NY: Delmar.

Publications

National Child Care Information Center, U.S. Department of Health and Human Services, Washington, DC:

- *Child Care Bulletin*

Texas Workforce Commission, Austin, TX:

- *Texas Child Care*

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Child Care Safety*
- *Safe and Sound*

Web Sites

American Red Cross
www.redcross.org

Kidsource
www.kidsource.com

National Child Care Information Center
www.nccic.org

National Fire Protection Association
www.nfpa.org *www.nfpa.org/sparky* (Sparky the Fire Department Dog)

National Highway Traffic Safety Administration
www.nhtsa.dot.gov

Texas Cooperative Extension Service - Family and Consumer Sciences
fcs.tamu.edu

Texas Department of Public Safety
www.txdps.state.tx.us

#1 INDIVIDUAL ACTIVITY

Have students complete a T-chart listing medical emergencies and non-medical emergencies. Ask students to share their responses with the class. As a class, compile the findings in a master list. Post the list in a prominent place in the classroom.

Notes

(TEKS 1A, 1D, 2A, 2B, 3B, 3D, 3E, 12D)

#2 CLASS DISCUSSION/PROJECT

Lead a class discussion on ways in which caregivers can promote the safety of children. Have students use textbooks, American Red Cross manuals, and the Internet to gather information about promoting the safety of children and handling emergency situations. Divide the class into small groups. Have each group make a poster or some type of visual about guidelines for safety and for handling emergencies. The poster needs to appeal to parents and caregivers of children. The posters could contain information about first said, such as animal and insect bites, bleeding, bumps and bruises, burns, choking, convulsions, fainting, poisoning, shock, and splinters.

(TEKS 1A, 1D, 2A, 2B, 3B, 3D, 3E, 12D)

TAKS READING

As an FCCLA project, the students could display the posters in various places in the community. Students could also host a workshop on first aid and Cardiopulmonary Resuscitation (CPR).

FCCLA

Key Questions

- What types of accidents are common in children?
- How can such accidents be prevented?
- Why should caregivers be concerned with the problem of child safety?
- What are some common questions parents ask when discussing the safety of children in child care?
- Why is it important to report and record accidents and illnesses?

#3 GROUP ACTIVITY/PROJECT

Have students complete CPR and first aid certification with the American Red Cross or other agencies. Have students practice the steps in CPR and first aid for various situations (e.g., shock, severe burn, cut).

(TEKS 1A, 1D, 2A, 2B, 3B, 3D, 3E, 12D)

#4 GUEST SPEAKER

Invite a fire department representative to speak to the class on fire prevention, smoke alarms, and fire extinguishing. Ask the speaker to explain why different types of fire extinguishers are used on different types of fires. Have students ask questions and develop a chart showing the most common types of fires, methods for extinguishing each, and practices that promote the safety of children. Have the firefighter demonstrate the correct use of fire extinguishers and allow students to practice using a fire extinguisher.

(TEKS 1A, 1D, 2A, 2B, 3B, 3D, 3E, 12D)

TAKS SCIENCE

Key Questions

- What different types of fires may occur?
- What actions can be taken at home and school to prevent injuries from burns, shock, and fire?
- What actions need to be taken to make child care centers as safe as possible for children and staff members?
- How are smoke alarms used effectively?
- What is a fire extinguisher?
- Why are different types of fire extinguishers required for different kinds of fires?
- What consequences might result from using the wrong type of fire extinguisher?
- What safety procedures should be followed when extinguishing a fire?
- How does knowledge of science concepts relate to safety?

#5 INDIVIDUAL ACTIVITY

(TEKS 1A, 1D, 2A, 2B 3B, 3D, 3E, 12D)

TAKS READING

Have students locate a magazine or newspaper article about children's accidents or medical problems that required emergency procedures. Ask students to share their articles with the class.

Key Questions

- What emergency actions were taken in each of the stories?
- What changes could have been made in the actions?
- What could have prevented the need for the actions?

#6 VISUAL DISPLAY

(TEKS 1A, 1D, 2A, 2B 3B, 3D, 3E, 12D)

TAKS SCIENCE TAKS MATH

Assemble items recommended for a first-aid kit (page 119 of the Reference Book). Have students put the first-aid kit together. Lead students to discuss the purpose and proper use of each item.

Key Questions

- What is the purpose of a first-aid kit?
- Which items do you know how to use?
- Which items do you not know how to use?
- Why should the child care center not put items in the first-aid kit that staff members do not know how to use?
- Where should the first-aid kit be kept?
- Who should be responsible for making sure that the kit is kept up-to-date?
- What was the total cost of the assembled first-aid kit?
- How did the cost compare with one already assembled at the time of purchase?

#7 TEAMWORK

Copy Teaching Aid 40, ***Emergency Procedures***, on construction paper or tagboard. Cut out the individual cards and place in a basket or some other type of container. Divide the class into teams. Have each team draw a card from the basket. Give the students an allotted time to determine what the correct procedures are in handling that specific emergency. Ask each team to share their responses. Have students determine if the procedures were correct or incorrect and how they should have been handled.

As an alternative strategy, have each team write a scenario about the topic that they select. Ask each team to role play the scenario.

(TEKS 1A, 1D, 2A, 2B 3B, 3D, 3E, 12D)

TA 40 Emergency Procedures

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Community Service

Chapter 11

Daily Routines

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1C Demonstrate effective management skills.
2A Evaluate safety and sanitation standards in a child care setting.
2D Summarize environmental conditions appropriate for a child care setting.
3A Observe screening and other health assessment techniques.
3B Describe effective methods of recording health-related information.
6E Develop strategies for creating a relaxed mealtime routine.
7A Determine developmentally appropriate practices that promote self-discipline.
7B Practice effective communication skills.
7D Set up guidelines for assisting children with routine activities.

Chapter Vocabulary

fatigue
genitals
housekeeping
informal communications
listlessness
modeling
positive reinforcement
regression
routine
transition

RESOURCES

Agencies and Organizations

Texas Department of Protective and Regulatory Services

U.S. Department of Health and Human Services

Publications

National Association for the Education of Young Children (NAEYC), Washington, DC:
Young Children

National Child Care Information Center, U.S. Department of Health and Human Services, Washington, DC.:
- *Child Care Bulletin*

Texas Workforce Commission, Austin, TX:
- *Texas Child Care*

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:
- *Creative Transitions*
- *Schedules and Routines: Why Bother?*

Web Sites

Association for Childhood Education International
www.acei.org

Early Head Start Research Center
www.ehsnrc.org

National Association for the Education of Young Children
www.naeyc.org

National Child Care Information Center
www.nccic.org

National Head Start Association
www.nhsa.org

National Network for Child Care
www.nncc.org

Notes

#1 VIDEOTAPE

Have students view the videotape, *Schedules and Routines: Why Bother?* Use the videotape to introduce the need for routines and schedules in a child's day.

(TEKS 1C, 2A, 2D, 3A, 3B, 6E, 7A, 7B, 7D)

Based on the videotape, ask students to list their own daily activities for a typical school day from time of arising to time of going to sleep. Have students use a day when their job is included and a day when they do not work. Ask students to compare each day as to how much was accomplished, the amount of stress, and amount of leisure time.

#2 CLASS DISCUSSION/GRAPHIC ORGANIZERS

Have students bring copies of the time schedules/routines at their respective child care centers or training stations for the different ages of children in care. Compare schedules/routines for the same age groups. Using graphic organizers or T-charts, lead students to discuss the key questions.

(TEKS 1C, 2A, 2D, 6E, 7A, 7B, 7D)

Key Questions

- How are the routines/schedules alike? How do they differ?
- How do the routines/schedules for infants differ from toddlers? preschoolers? school-age children?
- How do the centers for specific ages compare? For example, how do the routines/schedules for all centers who have toddlers compare? How are they alike? How do they differ?
- How do daily routines provide children with a sense of security? sense of time?

#3 GROUP ACTIVITY

Have each student design an arrival and departure routine that would provide optimal safety and security for each child. Students should include the following: health check forms, a greeting for parents, attendance chart, suggestions for activities (arrival only), sample pick-up permission forms (in the event that someone other than the parent has permission to pick up a child), name tags, sign-in/sign-out forms for parents, and any other pertinent information.

(TEKS 1C, 2A, 2D, 6E, 7A, 7B, 7D)

TAKS WRITING

#4 INDIVIDUAL ACTIVITY

Provide a variety of sign-in and sign-out forms used at child care centers. Have students study them and become familiar with the type of information required.

(TEKS 1C, 2A, 2D, 6E, 7A, 7B, 7D)

Key Questions

- Where would the sign-in/sign-out sheets be kept?
- How should the information be used by the staff?
- How should the information be used by parents?

Key Questions, Continued

- Why should these records be kept?
- What are some possible advantages and disadvantages for recording such information?

#5 GROUP ACTIVITY/PROJECT

(TEKS 1C, 2A, 2D, 6E, 7A, 7B, 7D)

Divide the class into small groups. Have each group design a bulletin board or message board for parents. Have each group include information that would help the parents be aware of what was happening at school, as well as community interests. For examples, items might include: daily/weekly lesson plans, color of the week, number of the week, letter of the week, photographs taken of the children during the school day, items needed (e.g., egg cartons, plastic containers), information regarding parent workshops or meetings, upcoming civic events appropriate for children, or opportunities for parent participation.

#6 CLASS DISCUSSION

(TEKS 1C, 2A, 2D, 6E, 7A, 7B, 7D)

Lead a class discussion on creating a positive learning atmosphere on arrival. Have students brainstorm a list of free play activities that would allow children to choose and carry out activities in which they are most interested in without receiving help or assistance from the child care professional. Remember that free play activities should be already known to the child and should not be hazardous in any way.

Key Questions

- Why are free activities a good idea for arrival time?
- Why is it important that the majority of these be activities that children can do safely on their own?
- Why is it important that these activities be out and ready for children upon arrival?

#7 GROUP ACTIVITY/ORAL PRESENTATION

(TEKS 1C, 2A, 2D, 3A, 3B, 6E, 7A, 7B, 7D)

TAKS READING TAKS WRITING

Divide the class into small groups. Based on the information from the Reference Book (pages 190-196) and other classroom resources, assign each group one of the designated topics.

The topics should include:

- Daily health check
- Handwashing and other hygiene practices
- Meal and snack time
- Toileting
- Dressing and undressing
- Nap time
- Housekeeping

Have each group plan a teaching strategy that they could use with the children in a child care setting. Students should share their strategies with the class. Copies of the strategies could also be shared with the students for their teaching files.

As an alternative strategy, have students develop an oral presentation (e.g., report, PowerPoint) with the information included in the Reference Book. Have students share their presentations.

#8 VIDEOTAPE

Have students view a videotape such as *Creative Transitions*. Lead students to discuss the transitions depicted in the video. Use the Study Guide which accompanies the videotape.

(TEKS 1C, 2A, 2D, 3A, 3B, 6E, 7A, 7B, 7D)

Key Questions

- How were transitions effectively used in the videotape?
- How were learning experiences incorporated into the children's daily routine?
- How were manners, cooperation, socialization, and fun incorporated into the daily routine?

#9 OBSERVATIONS/CLASS DISCUSSION

Arrange for students to observe how transitions are used in the child care setting or early childhood classroom. Have students share their findings. Lead students to discuss examples of effective and ineffective transitions.

(TEKS 1C, 2A, 2D, 3A, 3B, 6E, 7A, 7B, 7D)

Key Questions

- What kinds of transitions were observed?
- When were transitions used?
- What are some effective examples of transitions?
- What are some ineffective examples?
- Why should transitions be used?

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 12

Principles and Theories of Development

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5A Apply the major learning theories when planning developmentally appropriate learning experiences for children.

Chapter Vocabulary

associative play
behaviorism
cephalocaudal growth
child development
cognitive development
cognitive theories
conventional moral reasoning
cooperative play
developmental stages
developmental tasks
environment
erogenous zone
free association
maturation
morals
motor skill development
observational learning
parallel play
peers
postconventional moral reasoning
preconventional moral reasoning
principles of development
proximodistal growth
psychoanalysis
sensitive period
sequence
solitary play
theory of development
zone of proximal development

RESOURCES

Agencies And Organizations

National Association for the Education of Young Children

Texas Association for the Education of Young Children

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Shaping Youngest Minds*
- *Theories of Development*

I Am Your Child Foundation, Beverly Hills, CA:

- *The First Years Last Forever*

Web Site

I Am Your Child

www.iamyourchild.org

#1 CLASS DISCUSSION

Lead students to discuss Teaching Aid 41, ***Principles of Growth and Development***. Emphasize that the principles do not fit any one individual exactly but are general developmental guides.

Key Questions

- What are the five principles of growth and development?
- What are the differences between developmental stages and developmental tasks?
- Why is the age when certain changes occur not as important as the order of the stages?

Notes

(TEKS 4A, 4B, 4D, 5A)

TA 41 Principles of Growth and Development

#2 INDIVIDUAL ACTIVITY/WRITTEN EXERCISE

Distribute copies of Teaching Aid 41, ***Principles of Growth and Development***, to each student. In their own words, have each student write a description of what each principle means. Have students share their responses.

(TEKS 4A, 4B, 4D, 5A)

TAKS READING TAKS WRITING

#3 TEAMWORK/ORAL PRESENTATION

Divide the class into four teams. Assign each team one of the four major theoretical categories: biological, learning, psychoanalytical, and cognitive. Using the Internet, classroom resources, and the library, have each team gather information on their assigned category and the theories represented. Have students prepare an oral presentation to share with the class. Students may also provide a handout for the class.

(TEKS 4A, 4B, 4D, 5A)

TAKS READING TAKS WRITING TAKS SOCIAL STUDIES TAKS SCIENCE

#4 INDIVIDUAL ACTIVITY/WRITTEN EXERCISE

Have each student select one of the theorists on Teaching Aid 42, ***Modern Theorists in Child Development***. Students should research information about that particular individual and the individual's developmental theory. Students may use information from the Reference Book, library, and the Internet. Have each student prepare a written report (at least three to five pages). Lead students to share key points from their reports with the class.

(TEKS 4A, 4B, 4D, 5A)

TA 42 Modern Theorists in Child Development

TAKS READING TAKS WRITING TAKS SOCIAL STUDIES TAKS SCIENCE

#5 VISUAL DISPLAY

Provide five sheets of newsprint or poster board. Write the different types of development depicted in the Reference Book on each sheet:

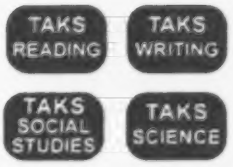
- Physical Development
- Emotional Development
- Social Development
- Cognitive Development
- Moral Development

(TEKS 4A, 4B, 4D, 5A)

(Many experts combine emotional and social development together.) On a piece of notebook paper, have each student write three key ideas about each type of development. From the student responses, compile a master list for each type of development. Ask a student to record the compiled lists on each sheet of newsprint or poster board. Display the lists for students to review.

#6 VIDEOTAPE

(TEKS 5A)



Have students view the videotape, *Theories of Development*. The video focuses on the fact that theories often force caregivers to look at only "parts" rather than the child as a "whole." The videotape should lead to a discussion about how the theories have impacted early childhood education. Have students write a reflection of the videotape.

#7 VIDEOTAPE

(TEKS 4A, 4B, 4D, 5A)

Have students view the videotape, *The First Years Last Forever*, from the I Am Your Child Foundation. This video helps new parents and caregivers understand the importance of the first three years of life in the healthy development of their children. *The First Years Last Forever* summarizes the latest brain research and gives parents specific tips on how to build stronger bonds with their babies. This video covers a wide range of topics including: bonding and attachment, communication, discipline, self-esteem, health and nutrition, and child care.

As an enrichment activity, have students locate the I Am Your Child Foundation Web site (*www.iamyourchild.org*). Information on brain facts and healthy development are featured. **Note:** A CD-ROM is also available for classroom use. It provides information about brain research and developmental stages of children up to three years.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Leaders at Work

Chapter 13

Physical Development

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Chapter Vocabulary

crawling
creeping
fine motor skills
gross motor skills
growth
immunity
infants
locomotion
preschool-age children
puberty
rate
self-help skills
toddlers

RESOURCES

Publications

American Baby

Child

Family Life

Newsweek, Spring/Summer, 1987. Your Child Newsweek Special Edition.

Parenting

Parents

Texas Workforce Commission, Austin, TX:
- *Texas Child Care*

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:
- *Early Childhood: Nutrition*
- *Watch Me Grow*

Web Sites

American Dietetic Association
www.eatright.org

The Baby Center
www.babycenter.com/refcap

Healthy Mothers, Healthy Babies
www.hmhb.org

I Am Your Child Foundation
www.iamyourchild.org

March of Dimes
www.modimes.org

National Maternal and Child Health Clearinghouse
www.nmchc.org

Texas Cooperative Extension Service
fcs.tamu.edu

Zero to Three
www.zerotothree.org

#1 PROJECT/VISUAL DISPLAY

Using butcher paper, have students cut out realistic bodies of children which are representative of the different age groups or by year. For example, newborns and infants, toddlers, preschoolers, school-age children; or by birth through 12 months, 1 year old, 2 year old. Teaching Aid 43, ***Physical Development,*** can be used as a guide.

On each paper body, list physical characteristics that are appropriate for that specific age or group. For example, an infant might roll over at 4 months and a toddler can take off their clothes. Students may use classroom resources, reference books, Web sites, or additional resources which identify physical characteristics of all age groups. Have students display the cut-outs in the classroom or hallway.

Notes

(TEKS 4A, 4B, 4D)

TA 43 Physical Development

TAKS READING

TAKS SCIENCE

#2 GROUP ACTIVITY

Divide the class into small groups. Assign each small group of students a different age group of children. Give each student some playdough. Have the students create playdough art relative to their assigned age or age group. For example, a two-year-old child's art might be abstract with little detail, and perhaps not recognizable as to what it is supposed to be; whereas, a five-year-old child's art would be more specific, recognizable, and with more detail. Lead the students to share their work and explain why it is representative of the particular age group.

(TEKS 4A, 4B, 4D, 8A)

#3 INDIVIDUAL ACTIVITY

Have students name and describe the five senses (touch, smell, taste, hearing, and sight). Ask students to create activities that utilize one or more of the senses. Have students refer to Teaching Aid 44, ***Stimulation of the Senses***, for ideas. Examples of activities might include:

- Describe the flavor of a fruit or vegetable that the children might not have experienced, such as kiwi fruit or snow peas. After describing the taste, let children taste the fruit or vegetable.
- Introduce a new product, such as a new flavor of ice cream, a frozen pizza, or refrigerated container of pudding. Tell the children what it tastes like and then have them taste it for themselves.
- Place an item (i.e, textured ball, fuzzy tennis ball) in a cloth bag and let the children guess what is inside based on touch.
- Prepare a "smell test" by using cotton balls to absorb the odors of perfume, rubbing alcohol, vanilla, onion, and cough syrup. Let children guess the source of the odors.

Compile a list of the best activities for stimulating the senses of children. Ask students to share their activities with the class. Refer to Chapter 15, strategy #10 for additional sensory perception activities.

(TEKS 4A, 4B, 4D, 8A)

TA 44 Stimulation of the Senses

#4 CLASS DISCUSSION/GAME

(TEKS 4A, 4B, 4D, 8A)

TA 45 Sequence of Motor Development

TA 46 Development of Fine Motor Skills

TA 47 Sequence of Motor Development Game

Write the terms *motor development*, *gross motor skills*, and *fine motor skills* on the board or overhead. Have students define what the terms mean. Lead students in a class discussion on the principles and sequence of motor development.

Use Teaching Aid 45, ***Sequence of Motor Development*** and Teaching Aid 46, ***Development of Fine Motor Skills***, to help students understand the sequences of growth and development. Teaching Aid 47, ***Sequence of Motor Development Game***, can be used to help students learn the motor sequence of activities. The game can be used as an individual or group activity.

Key Questions

- How will knowing the principles of physical development help the caregiver?
- How could a caregiver's not knowing these principles negatively affect a child?
- What are differences between gross motor skills and fine motor skills?
- Why is it more important to be concerned about the sequence rather than the rate of a child's physical development?

#5 RESEARCH/PROJECT

(TEKS 4A, 4B, 4D)

TAKS READING TAKS WRITING TAKS SCIENCE

Have students gather information from the library, Web sites, and other classroom references as to what the average size (height and weight) is for a newborn child, one-year-old child, or other age group. Instead of different ages by year, children could be divided by newborns and infants, toddlers, preschoolers, and school-age children. Have students compile the information into a chart or graph using some type of software program. Ask students to share their findings.

#6 CLASS DISCUSSION

(TEKS 4A, 4B, 4D, 8A)

TA 48 Nutritional Needs of Infants and Toddlers

Distribute a copy of Teaching Aid 48, ***Nutritional Needs of Infants and Toddlers***, to each student. Lead a class discussion on how inadequate nutrition can affect the growth and maturation of infants and toddlers.

Key Questions

- What is a well-balanced diet?
- If the nutritional needs of an infant are not met, what problems may develop?
- If the nutritional needs of a toddler are not met, what problems may develop?
- How can family beliefs, customs, and culture affect the child's diet?

#7 VISUAL DISPLAY/CLASS DISCUSSION

(TEKS 4A, 4B, 4D)

Provide a display of baby tools appropriate for feeding babies or self-help eating utensils. Sample items might include different kinds of baby bottles, sippy cup, baby spoon, junior spoon, cereal feeder, and suctioned bowl. Lead students to discuss the differences and the age appropriateness for each item. Students may actually use the item or just compare and contrast the different tools.

Items that could be compared might include a baby spoon vs. teaspoon, cereal feeder vs. bowl/infant spoon, or a plastic bowl vs. breakable bowl.

Key Questions

- Which items are more appropriate for newborns? infants? toddlers? preschoolers? school-age children?
- What guidelines should be followed when using these items in feeding children?

#8 VISUAL DISPLAY/VIDEOTAPE

(TEKS 4A, 4B, 4D)

Have students design posters that promote good nutrition habits for preschool and school-age children. Topics might include:

- Nutritious Snacks
- Food Guide Pyramid for Young Children
- Number of Servings Per Day for Each Food Group
- Eating to Prevent Tooth Decay
- Eating for Energy

Have students arrange to display the posters in local child care centers and elementary schools. This strategy could be an FCCLA project.

For more information, have students view the videotape, *Early Childhood: Nutrition*. Refer to Chapter 26, Food Service Management, in the Reference Book for additional information.

#9 PROJECT/GROUP ACTIVITY

(TEKS 4A, 4B, 4D)

Divide the class into small groups. Have each group create a chart that includes fine motor skills, gross motor skills, and self-help skills for each age group. Teaching Aid 49, ***Physical Development of Children***, can be used for this purpose. Teaching Aids 50-52, ***Physical Development of Infants, Physical Development of Toddlers, and Physical Development of Preschoolers***, can be used as resources, as well as the videotape, *Watch Me Grow*.

As an enrichment activity, have students develop a teaching aid that features the physical development of school-age children.

TA 49 Physical Development of Children

TA 50 Physical Development of Infants

TA 51 Physical Development of Toddlers

TA 52 Physical Development of Preschoolers

(TEKS 4A, 4B, 4D, 8A)

TAKS READING TAKS WRITING

#10 RESEARCH/WRITTEN EXERCISE

Growth and maturation can be affected by many factors early in life. Several factors that promote healthy development include proper nutrition and feeding methods, proper rest, and protection from accidents and diseases. Have students locate an article from a magazine or journal that focuses on at least one of the factors. Ask students to summarize the article and write at least two implications why the information is important for the caregiver to know. Lead students to share their findings with the class.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Student Body
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 14

Emotional and Social Development

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

4A Explain how children progress through developmental stages.

4B Determine developmental differences in children of various ages.

4D Explain influences on the physical, emotional, social, and intellectual development of children.

Chapter Vocabulary

autonomy
discipline
gender identity
inherited traits
negativism
parenting
pre-moral
separation anxiety
stranger anxiety

RESOURCES

Children's Book

Glen, Maggie. *Ruby.* Trafalgar Publishing. (Out of print)

Publications

American Baby

Child

Family Life

Newsweek, Spring/Summer, 1987. Your Child Newsweek Special Edition.

Parenting

Parents

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: Social Development." Vol. 21 (3). 1997.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Emotional Development of Children*
- *How Boys and Girls Differ*
- *Middle Childhood: Emotional and Social Development*
- *Social Development in Children*

Web Sites

The Baby Center
www.babycenter.com/refcap

Healthy Mothers, Healthy Babies
www.hmhb.org

I Am Your Child Foundation
www.iamyourchild.org

National Maternal and Child Health Clearinghouse
www.nmchc.org

Texas Cooperative Extension Service
fcs.tamu.edu

Zero to Three
www.zerotothree.org

#1 TEAMWORK/VISUAL DISPLAY

Notes

(TEKS 4A, 4B, 4D)

TA 53a-b Nine-feet Stages of Development

This strategy may be combined with Chapters 12, 13, and 15. Divide the class into teams. Distribute Teaching Aids 53a-b, ***Nine-feet Stages of Development***, to each student. Ask students to read the directions for the assignment. Provide nine-feet of butcher paper to each group for completing the strategy. Upon completion of the project, have each group present their Nine-feet work to the class. Have students take notes on the presentations. The information can be used in reviewing for tests and other learning experiences.

#2 GROUP ACTIVITY

(TEKS 4A, 4B, 4D)

TAKS READING TAKS WRITING

Divide the class into six groups. Assign each group one of the following topics:

- Emotional Development of Infants and Toddlers
- Social Development of Infants and Toddlers
- Emotional Development of Preschoolers
- Social Development of Preschoolers
- Emotional Development of School-age Children and Adolescents
- Social Development of School-age Children and Adolescents

Have students create posters or PowerPoint presentations to summarize information in the Reference Book. Have students share their findings with the class.

#3 CHILDREN'S BOOK/CLASS DISCUSSION

(TEKS 4A, 4B, 4D)

Use the children's book, *Ruby* by Maggie Glen, or similar book that focuses on self-esteem and/or self-concept. On each student's hand, stamp the letter S with a rubber stamp. A washable marker can also be used to write the letter S. The S signifies that the person is "special."

Read the book to the class. Lead students to discuss how each person is unique and special.

Key Questions

- What is self-concept? How does it develop?
- What is self-esteem? How does it develop?
- What characteristics are reflective of an individual with a healthy self-concept and self-esteem?
- How could this activity be used with young children?

#4 VIDEOTAPE

Have students view the video, *How Boys and Girls Differ*, or similar videotape. Ask students to share their reactions to the information presented.

#5 GAME

(TEKS 4A, 4B, 4D)

TA 54 All Lemons Have a Place

Distribute a lemon to each student, and ask students to look closely at the lemons. If the students like, they may want to name their lemons. Ask students to introduce their lemon to another student. Have students place their lemons into a large basket or container.

Have students come to the basket, find their lemon, and take the lemon with them. Lead students to relate lemons to individuals. For example, all lemons are different just like all individuals are different. Some of the lemons are small, large, round, thin, and may have an imperfection. Individuals can come in all sizes and shapes; some have imperfections as well. "All lemons have a place in lemonade – just as all people have a place in society." Refer to Teaching Aid 54, ***All Lemons Have a Place***.

#6 CLASS DISCUSSION

(TEKS 4A, 4B, 4D)

Have student define *self-concept* and *socialization*. Lead a class discussion on emotional and social development of children. Ask students to write questions that they might have on index cards. Lead students to brainstorm for possible answers.

Key Questions

- What is the caregiver's role in helping children develop emotionally and socially?
- What do you need to know more about in order to help children with their social and emotional development?

#7 VIDEOTAPE

(TEKS 4A, 4B, 4D)

Have students view the videotape, *Emotional Development of Children*. The video focuses on the importance of emotional education during the stages of child development.

Have students write a reflection on the videotape. Students may also discuss their perceptions with the class.

Key Questions

- Why is it important for parents and caregivers to know about the emotional development of children at various ages?
- How does emotional development of toddlers differ from preschoolers? school-age children? adolescents?

Have students view the videotape, *Social Development in Children*. The videotape charts the development of socialization from the first few weeks of life through the beginning of school. Strategy #7 could be adapted for social development. Another videotape, *Middle Childhood: Emotional and Social Development* focuses on school-age children.

#8 OBSERVATION

(TEKS 4A, 4B, 4D)

Arrange for students to observe infants and toddlers in a child care setting. Have students use Teaching Aid 55, ***Observing Emotional and Social Development***, to record their observations. Lead students to share their responses.

TA 55 Observing Emotional and Social Development

#9 ROLE PLAY

(TEKS 4A, 4B, 4D)

During preschool years, emotional changes are important aspects of development. Divide the class into small groups. Assign each group one of the following factors:

- fears
- separation anxiety
- language
- role taking
- self-concept
- gender identity
- other factors

Have each group develop and present a role play based on helping a young child with that specific factor.

Key Questions

- How might these factors affect school-age children?
- What additional factors might affect the emotional and social development of school-age children?

#10 INTERVIEW

(TEKS 4A, 4B, 4D)

Have students interview a child care professional or an elementary teacher on how they help preschoolers or school-age children cope with any of the factors listed in the previous strategy. Have students share their findings.

#11 SCENARIO

(TEKS 4A, 4B, 4D)

TAKS WRITING

Have each student write a scenario describing how a parent, family member, or caregiver might be influencing the social development of a preschooler. For example, Daryl is a four-year-old boy who has just started going to child care. How might the following individuals influence Daryl's social development?

- Parents
- Siblings
- Extended Family
- Peers
- Secondary Caregivers

Have volunteers share their scenarios.

(TEKS 4A, 4B, 4D)
TA 56 Emotional and Social Development of School-age Children and Adolescents

#12 T-CHART

Using the T-chart on Teaching Aid 56, ***Emotional and Social Development of School-age Children and Adolescents***, have each student complete the information. Lead students to share their responses.

FCCLA ACTIVITIES

- STAR Events: Focus on Children; Occupational Child Care; Illustrated Talk
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 15

Cognitive Development

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

4A Explain how children progress through developmental stages.

4B Determine developmental differences in children of various ages.

4D Explain influences on the physical, emotional, social, and intellectual development of children.

Chapter Vocabulary

babbling
centration
chronological age
circular reactions
classification
cognition
concrete operational stage
conserve
coo
dyslexia
egocentrism
formal operations
functions
identities
intelligence
IQ tests
mental age
object permanence
preoperational stage
process
sensorimotor intelligence
sensory experiences
sensory perception
seriation

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Department of Health Film Library

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Children Learning Language: How Adults Can Help*
- *Middle Childhood: Cognitive and Language Development*
- *Shaping Youngest Minds*

I Am Your Child Foundation, Beverly Hills, CA:

- *The First Years Last Forever*

Web Sites

Amazon.com
www.amazon.com

Barnes and Noble
www.barnesandnoble.com

Coretta Scott King Award
www.ala.org

John Newbery Medal
www.ala.org

Parents' Choice
www.parents-choice.org

Randolph Caldecott Medal
www.ala.org

#1 RESEARCH/VISUAL DISPLAY

Divide the class into a minimum of five groups. Assign each group one of the following categories: 0-6 months, 6-12 months, 12-18 months, 18-24 months, 24-36 months. Instruct groups to use classroom resources, library resources, and Web sites to search for information demonstrating language behaviors for the age category assigned. Ask students to provide types of teaching strategies, toys, and games that stimulate language development. Have students share information through a visual presentation (e.g., posters, brochures, newsletters, or PowerPoint).

Notes

(TEKS 4A, 4B, 4D)

TA 57 Web Site Evaluation

TAKS READING TAKS WRITING

Note: Students may find their own Internet resources by using one or more of the following search engines and using the following key words to search: (children + "language development")

- Google available at *www.google.com*
- Alta Vista available at *www.altavista.com*
- Look Smart available at *www.looksmart.com*

Teachers may want to incorporate this strategy when students are using Internet resources using search engines and key words. Provide each student with a copy of Teaching Aid 57, ***Web Site Evaluation***. As students visit Web sites, have them complete the evaluation sheet. Lead a discussion on the evaluations.

Key Questions

- What types of information did you find at the various Web sites?
- What are some factors that made some Web sites better than others? (i.e., ease of browsing, original information, links to outside sources)
- In what ways could these Web sites be of help to the child care professional?

#2 ROLE PLAY

(TEKS 4A, 4B, 4D)

Divide the class into pairs or small groups. Have students develop a script regarding moral development and role play the script for the class. Some ideas for role playing scripts follow:

- a young child is caught stealing a toy from the store
- a child calls another child a bad name
- a young child lies to their parent

Lead a class discussion on concepts presented.

Key Questions

- How could the different situations affect the development of a child's conscience and morals?
- What are some ways to adjust the different situations to create a positive outcome?

#3 INTERNET ACTIVITY

(TEKS 4B, 5A, 5D)

TAKS READING TAKS WRITING TAKS SOCIAL STUDIES

Have students visit pre-selected Internet sites and compile a listing of age-appropriate books. For each book chosen in the designated categories, have students write justifications as to why the book is appropriate. Students may design posters, brochures, or present oral reports on their findings. Categories include but are not limited to the following:

- Picture books
- Bilingual editions
- Children with special needs
- Tactile books/soft books for infants
- Toddlers
- Ages 4-8
- Ages 8-12
- Teens

Provide students with approved sites, such as the following:

- Amazon.com
  www.amazon.com
- Barnes and Nobles
  www.barnesandnoble.com
- Coretta Scott King Award
  www.ala.org
- John Newbery Medal
  www.ala.org
- Parents' Choice
  www.parents-choice.org
- Randolph Caldecott Medal
  www.ala.org

#4 VIDEOTAPE/WRITTEN EXERCISE

(TEKS 4A, 4B, 4D)

Have students view a videotape, such as *Shaping Youngest Minds, The First Years Last Forever*, or a similar videotape from the Health Department or other agency that illustrates the importance of nurturing children during the first years of life. Lead a class discussion on information presented in the film. Have students write a paper comparing the cognitive development of infants raised in regular relationships with loving adults with that of deprived infants.

Key Questions

- What effects does nurturing have on mental development?
- What kind of nurturing experiences can child caregivers provide?

#5 LABORATORY EXPERIENCE/CLASS DISCUSSION

(TEKS 4A, 4B, 4D)

Arrange for two infants to visit the class, one about seven-months old (who has not developed object permanence) and the other older than ten months (who has developed object permanence). Ask the students to watch closely as you work with each infant. Place an attractive toy before the younger infant. Let the infant reach for the toy. In a moment, gently

remove the object, place it on the desk or table close to the infant and hide the toy with a cloth while the infant is watching. (The infant who has not developed object permanence will not reach for the toy or try to remove the cloth.) Repeat the activity with the older infant. (If object permanence has developed, the infant will remove the cloth and grasp the toy.) Lead a class discussion.

Key Questions

- Why didn't the younger infant remove the cloth to get the hidden toy?
- Why did the older infant react differently?
- What is the relationship between object permanence and games, such as peek-a-boo?
- Why are such games so much fun for infants?

#6 AUDIOTAPE/GROUP ACTIVITY

(TEKS 4A, 4B, 4D)

Divide the class into groups, and have each group draw the age of a child from newborn to twelve to eighteen months. Instruct students to find a child of the age group selected and tape record the child's language. Have students put the age of the child in months on the tape label. Play the tapes for the class (not in chronological order). Have students guess the age of the child by the sounds made on the tape.

Variation: Have each group listen to the tapes independent of the other groups. When the child's age is determined, have students make a listing of the language behaviors that justify their answer. Lead groups to share their findings.

#7 VIDEOTAPE/LISTENING TEAMS

(TEKS 4A, 4B, 4D)

Have students view the videotape, *Children Learning Language: How Adults Can Help*, or similar video that focuses on the importance of language development. Have students develop listening teams to share the main ideas.

#8 GUEST SPEAKER

(TEKS 4A, 4B, 4D)

Invite a speaker who is experienced in successfully working with bilingual infants. Ask the speaker to share information with students on the language development process in bilingual infants. As a follow up activity, have students write a paper on concepts learned from the speaker and how they could use these concepts as a child care professional.

Key Questions

- How does the process of language development differ for infants in bilingual homes?
- How can caregivers promote the language development of bilingual infants?

(TEKS 4A, 4B, 4D)

TA 58a-b Lesson Plan Templates

TAKS WRITING

#9 PROBLEM SOLVING

Provide students with copies of either Teaching Aids 58a or 58b, ***Lesson Plan Template***. Have students develop a lesson plan for teaching children some moral ideas that society expects children of this age to know. Have students share lesson plan ideas with each other or teach their lesson plan to the group. Lead a class discussion on the ideas generated.

Key Questions

- At what age are children expected to know right from wrong?
- How can caregivers help children learn to make judgments about right and wrong?
- How does playing by the rules of a game relate to moral development?
- Did you learn moral behavior as a child by trial and error, direct teaching, reward or punishment, or examples set by parents, siblings, and peers?

(TEKS 4A, 4B, 4D)

#10 LABORATORY EXPERIENCE/SENSORY PERCEPTION

A. Smell

Have students identify various substances using the sense of smell. Provide several small containers of products, such as lemon juice, baby powder, Tabasco, scented candle, solid air freshener, and onion. Provide each student with a 3x5 card on which to identify each of the scents. Instruct students to refrain from any discussion during the testing experience. Have students share their experience.

Key Questions

- How did the brain work with the nose in identifying the products?
- At what stage in the cognitive development process are children able to identify objects by smell?

B. Taste

Divide the class into small groups. Provide each group with small containers of various substances, such as lemon juice, fruit pieces, soft drinks, and jams/jellies. Designate one person to be the "taste tester." Place a blindfold over the eyes of the taste tester. Instruct the taste tester to taste and identify each of the products. Instruct other group members not to assist the taster in identifying the product. These students can serve as recorders writing the comments of the taste tester that led to the product identification (i.e., carbonation, smell, texture).

Variation:

Have each of the students within the small groups be the taste tester for one product. Example: Place five different products in individual styrofoam containers. Cover with aluminum foil so that the product cannot be identified. Instruct each of the group members to take one product, keeping the identity unknown. Have the students take turns

wearing the blindfold and taste test each product. Have students write the name of the product on a 3x5 card. Instruct the students not to share until the entire group has tested each product. Discuss the results.

Key Questions
- How did the brain work with the tongue in identifying the products?
- What other senses were at work in helping to identify the products?
- At what stage in the cognitive development process are children able to identify objects by taste?

C. Touch

Divide the class into small groups. Provide each group with paper bags containing a variety of different items, such as ruler, pencil, paper clip, toothbrush, and comb. Instruct students to reach into the bag and identify the articles without looking at them. Have students write the names of the items on 3x5 cards. The cards may be numbered as per the number of items in the bag. Instruct the students not to discuss the items until every group member has completed the experience. Lead students in a discussion to compare answers and share ways in which the results were acquired.

Variations:
- Have individual paper bags on a long table, numbered one through..? Have students work independently. Each student visits each of the bags on the table. Have students use a supplied 3x5 card to record their answers. Lead the class in a discussion.
- Put objects in tube socks. Have students identify objects by touch.
- Put objects in tube socks that are tied off at the top. Have students try to identify the objects by feeling through the fabric.

Key Questions
- How did the brain work with the fingers in identifying the items?
- What other senses were at work in helping to identify the items?
- At what stage in the cognitive development process are children able to identify objects by shape?

#11 LABORATORY EXPERIENCE/LOGIC SKILLS

(TEKS 4A, 4B, 4D)

Divide the class into small groups. Give each group objects that can be classified, such as colored candies, different sizes or colors of paper clips, different shaped toys, cut-out numbers or letters, and colored beads. Instruct the students to group their objects. Provide no further instructions on grouping. Students are free to group as they see fit. Lead students in a discussion on how objects were grouped.

Key Questions
- Which of the following logic skills were used in the grouping of the objects? classification? conservation? seriation?

Key Questions, Continued

- Why was a particular logic skill used in the grouping of the objects?

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 16

Teaching Strategies

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1C Demonstrate effective management skills.
2A Evaluate safety and sanitation standards in a child care setting.
4B Determine developmental differences in children of various ages.
5B Identify stimulating developmentally appropriate learning environments.
5C Demonstrate developmentally appropriate teaching methods and techniques.
5D Implement developmentally appropriate activities and lessons.
5G Compare various observation techniques.
5H Discuss the use of technology in teaching young children.
7A Determine developmentally appropriate practices that promote self-discipline.
7E Propose developmentally appropriate practices that promote children's respect for diversity.

Chapter Vocabulary

anecdotal records
checklists
creative movement
eye-hand coordination
field trip
manipulative skills
observation
rating scales
specimen samples
teachable moments
teaching strategies
unit blocks

RESOURCES

Agencies and Organizations

Council for Professional Recognition (CDA National Credentialing Program)

National Association for the Education of Young Children

National Child Care Information Center

National Network for Child Care

Books

Mayesky, Mary. (2002). *Creative Activities for Young Children* (7th Ed.). Albany, NY: Delmar.

Peterson, Evelyn A. (1996). *A Practical Guide to Early Childhood Planning, Methods, and Materials: The What, Why, and How of Lesson Plans.* Needham Heights, MA: Allyn and Bacon.

Publications

Scholastic, New York, NY. *Instructor.*

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: Teaching Through Learning Centers." Vol. 22 (2). 1998

Web Sites:

bubblesphere
bubbles.org

Educational Services and Staff Development Association of Central Kansas
www.essdack.org

Electric Teacher
www.electricteacher.com

Games Kids Play
www.gameskidsplay.net

The Kids Domain
www.kidsdomain.com

Scholastic
www.scholastic.com

#1 DEMONSTRATION/GROUP ACTIVITY

Notes

(TEKS 4B, 5B, 5C, 5D)

TAKS WRITING TAKS READING

Divide the class into small groups, and assign each group a different age group. A group might include: 12-18 months, 18-24 months, 24-30 months, 30-36 months, 3-year olds, 4-year olds, 5-year olds, and school age (6-12 year olds). Have students use classroom resources, library resources, or the Internet to find age-appropriate indoor games. Instruct students to find two indoor games for the age group chosen. Students will teach one of the chosen games to the entire class. Have each group prepare directions for both games selected and distribute among class members.

Examples of Web sites include:
The Kids Domain at *www.kidsdomain.com*, Games Kids Play at *www.gameskidsplay.net* and bubblesphere at *bubbles.org*.

Variations:
Have students search for outdoor games.
Have students search for one outdoor game and one indoor game.
Have students select games appropriate for children with special needs.
Have students revise an existing game, adapting it for children with special needs.

#2 RESEARCH/CLASS DISCUSSION

(TEKS 5B, 5C, 5D, 5F, 5G, 5H)

TAKS WRITING TAKS READING

Have students use classroom/library resources or the Internet to research types of portfolios. Possible Web sites include:

- *teacher.scholastic.com/professional/assessment/powerportfolios.htm*
- *www.scholastic.com/parentandchild/activity/kindergarten00/07.htm*
- *www.electricteacher.com/onlineportfolio/index.htm*
- *teacher.scholastic.com/professional/assessment/studentstandards.htm*
- *www.essdack.org/port/index.html*

Lead a class discussion on designing and implementing portfolios in the child care curriculum.

Key Questions

- What are the different types of portfolios?
- How can portfolios be useful to child care professionals? parents/guardians? the child?
- What types of items can be included in the portfolios?

#3 PROJECT

(TEKS 5B, 5C, 5D, 5F, 5G)

TAKS WRITING TAKS READING

Explain the difference between process-based portfolios and product-based portfolios. Have students complete one of the following projects.

Process-based Portfolio: Have students plan and work with a child to develop a process-based portfolio. The portfolio may contain handprints, paintings, handwriting samples, and stories from the beginning, middle,

and end of the same year. The portfolio may be paper/pencil or electronic. Have students share their portfolios with the class.

Product-based Portfolio: Have students compile work that reflects a child's "best" efforts. If the child is old enough, the student and child may work together to choose favorite letters, videotapes, pictures, or projects.

#4 OBSERVATION

(TEKS 5B, 5C, 5D, 5G)

TA 59a-b Observation: Learning Centers Checklist

Give each student a copy of Teaching Aids 59a-b, ***Observation: Learning Centers Checklist***. Instruct students to observe a local child care center using TA 58 to record the various types of learning centers and the activities that seem the most popular and the least popular. Have students share their observations with the class. Have students share ideas on possible solutions that might make the least popular activities more attractive to the children.

#5 BRAINSTORMING

(TEKS 1C, 5B, 5C, 5D)

TAKS WRITING

Lead students to brainstorm for a list of inexpensive art materials, where to obtain these materials, and suggestions for uses. Some examples are dried egg shells for collages (ask families to save) or empty fabric bolts for large murals or collages (ask fabric stores to save and donate fabric bolts). Have students determine the kind and the amount of storage space needed for each of the suggested items. Instruct students to write clear, specific instructions to explain the suggested uses for the materials. The instructions may be used both to generate donations from families and community businesses and to provide children with step-by-step directions in completing the activity.

#6 PROJECT

(TEKS 5B, 5C, 5D, 5H, 7A, 7E)

Instruct each student to work with a partner to plan an art learning center that provides for exploration and development of the following skills:

- Motor skills (gross motor and fine motor)
- Creativity (enhancing imagination)
- Texture contrasts (same and different)
- Color recognition
- Pattern or shape recognition
- Size differences

Have each pair of students turn in their plan. Place each plan in an unmarked folder and distribute the folders throughout the class, making sure the original designers do not have their own plan. Using a rubric, have the groups critically evaluate the plans and offer any suggestions for improvement.

Variations: This project can be altered for planning other types of learning centers (e.g., dramatic play, music, quiet center).

#7 EVALUATION

(TEKS 4B, 5B, 5C)

Distribute various supply catalogs that include children's toys (available free of charge from a school supply store or a developmental toy store). Instruct students to compile a list and description of the various types of blocks found in the catalog. Have them complete the listing by deciding which skill(s) each type of blocks would encourage.

Key Questions

- Which blocks contribute to several kinds of development?
- Which ones seem to have only one purpose?
- Which have many purposes and possible uses?
- Which would be best for infants? toddlers? preschoolers? Why?
- If only one type of blocks could be provided for a classroom of three-year olds, which type would you select?

#8 RESEARCH

(TEKS 1C, 4B, 5B, 5C, 5H, 7A)

Provide students with a copy of Teaching Aid 60, ***Computer Program/ Software Rating Scale***. Have students evaluate computer programs for preschoolers. Computer programs may be available through the local library or may be viewed at a child care center with a computer/technology learning center. Additionally, some software distributors offer limited versions for preview and some limited versions are available for preview via the Internet.

TA 60 Computer Program/Software Rating Scale

#9 LABORATORY EXPERIENCE/INDIVIDUAL ACTIVITY

(TEKS 1C, 2A, 4B, 5B, 5C, 5H, 7A)

Note: Strategies #9, 10, and 12 should be under the direction of the teacher in conjunction with the laboratory teacher. Students may be able to share the teaching strategies with the children.

TAKS SCIENCE

Have students plan some simple cooking activities that allow children to learn science concepts. Ask students to share their plans with the class.

Key Question

- What safety precautions would be necessary when having children participate in cooking activities?

#10 PROJECT

(TEKS 1C, 4B, 5B, 5C, 5D)

Give students a copy of Teaching Aid 61, ***Homemade Rhythm Instruments***. Have students select one instrument to make and demonstrate its use to the class. Donate instruments to a local child care center.

TA 61 Homemade Rhythm Instruments

#11 OBSERVATION

(TEKS 5B, 7C)

Arrange for students to observe a local child care center. Have the students record observations using Teaching Aid 59a-b, ***Observation: Learning Centers Checklist***. Have students write a reflection paper summarizing their findings. Provide class time for students to share their observations.

TAKS WRITING

(TEKS 5B, 7C)

TA 62 Anecdotal Record

TAKS WRITING

#12 OBSERVATION

Provide students with a copy of Teaching Aid 62, ***Anecdotal Record***. Review with students what anecdotal records are and when the type of observation should be used. Explain how the anecdotal record form should be completed. Lead a class discussion using the anecdotal record(s).

Key Questions

- Was the incident clearly explained?
- Did the record include how the child(ren) communicated verbally and nonverbally?
- Was the recorded information non-evaluative? Why is this important?
- What is the purpose of an anecdotal record?

(TEKS 1C, 2A, 4B, 5B, 5C, 7E)

TAKS SOCIAL STUDIES TAKS READING

TAKS WRITING

#13 PROJECT

Divide the class into pairs. Have each pair select one of the following "special days" and plan three activities for that day for a preschool classroom:

- Birthdays
- Thanksgiving
- Valentine's Day
- Christmas/Kwanzaa/Ramadan
- Easter/Passover
- Independence Day

Have students share their special activities with the class.

(TEKS 1C, 5B, 5C, 7A, 7E)

TAKS SOCIAL STUDIES TAKS MATH

FCCLA

#14 EDUCATIONAL TOURS

Have students research the various locations in town that would be suitable for children's field trips. Have them determine the arrangements necessary and the cost (if any). This could be done as an FCCLA project.

#15 CLASS DISCUSSION/INDIVIDUAL ACTIVITY

Lead a discussion on types of heroes. Have students brainstorm for popular media characters that would classify as heroes to children.

Key Questions

- How would you define a hero?
- Who are some of your heroes?
- What makes a person heroic?

Variations:

- Have students lead an activity in a child care setting where children draw pictures of their heroes.
- Have students lead an activity in a child care setting where children create a representation of their hero using paper bags, construction paper, yarn, buttons, paint, and other supplies.
- Have students discuss heroes found within the community. Have students watch for newspaper articles and magazine articles that document heroic events. Make a visual display using the articles.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children;
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 17

Newborns and Infants

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7D Set up guidelines for assisting children with routine activities.
- 8E Analyze the effect of family stability on children's behavior.

Chapter Vocabulary

anoxia
birth defects
differentiation
enzymes
fetus
genetic counseling
genetic traits
jaundice
neonate
prenatal development
reflexes
reflexive behavior
state
tactile stimulation
temperament

RESOURCES

Book

Pozmantier, J. R. (2001). *The First Years: A Parent and Caregiver's Guide to Helping Children Learn.* Orlando, FL: DK Publishing.

Publications

American Baby

Child

Family Life

Modern Dad

Newsweek, Spring/Summer, 1987. *Your Child Newsweek Special Edition.*

Parenting

Parents

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: How It Feels to Be a Baby." Vol. 20 (2). 1996.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *A Child Grows: The First Year of Life*
- *The Baby Care Home Video*
- *Exploring and Learning*
- *Keys to Quality Infant and Toddler Care*
- *Sensory and Art*

Web Sites

American College of Obstetricians and Gynecologists
www.acog.org

Healthy Mothers, Healthy Babies
www.hmhb.org

I Am Your Child Foundation
www.iamyourchild.org

March of Dimes
www.modimes.org

#1 INDIVIDUAL ACTIVITY/CLASS DISCUSSION

Have students read educational pamphlets on birth defects from the March of Dimes or other reliable resources to identify the most critical periods of pregnancy. Have students prepare short oral presentations to report their findings. Lead students to discuss the reasons for medical care and good health practices prior to and during pregnancy.

Notes

(TEKS 4A, 4B, 4D, 8E)

TAKS READING TAKS WRITING TAKS SCIENCE

Key Questions

- What period of pregnancy is the most critical to the development of the unborn child?
- Why is this period critical?
- What are common health risks during pregnancy?
- What are health safeguards prior to and during pregnancy?

#2 CLASS DISCUSSION/GROUP ACTIVITY

Have students bring in a series of baby photographs of themselves or another individual. Use the photographs as a springboard for discussion on how children change during this period.

(TEKS 4A, 4B, 4D, 8E)

Have students read the information on Teaching Aids 63a-b, ***Understanding Basic Human Body Systems*** and Teaching Aids 64a-b, ***The Developing Baby***. Lead a class discussion on the development of the baby during prenatal stages.

TA 63a-b Understanding Basic Human Body Systems

TA 64a-b The Developing Baby

Divide the class into eight groups. Instruct each group to research and report on one of these systems. Have groups identify the prenatal stage at which their assigned system develops, include information about ways this development might be hindered, and present suggestions for promoting healthy development.

TAKS READING TAKS WRITING TAKS SCIENCE

Have each group prepare a visual display depicting the fetus at the assigned stage of prenatal development. Have students include a description of development on the display. After each group has presented their display, make a complete classroom visual display in the order corresponding to sequence of development.

#3 GROUP ACTIVITY/WRITTEN EXERCISE

Have students work in small groups to list factors or conditions that jeopardize a healthy fetus. Examples may include infections, use of drugs, smoking, emotional problems, biological immaturity, underweight, low weight gain, poor nutrition, and poor prenatal care. Ask each group to select two or three factors that they listed to research further. For these factors, have groups describe related complications and provide possible solutions or suggestions for promoting the safe delivery of a healthy infant. Have students present findings in creative compositions directed to varied audiences. Compositions might be written in the following forms:

(TEKS 4A, 4B, 4D, 8E)

TAKS READING TAKS WRITING TAKS SCIENCE

BEST COPY AVAILABLE

- a letter to a pregnant friend warning of harmful effects
- an editorial
- a speech to present to a formal audience
- a newspaper advice column

Encourage students to use their imaginations in selecting mediums and to adapt their writing styles to the audiences selected. Have students orally share their compositions.

This strategy could be adapted as an Illustrated Talk or Focus on Children STAR Event in FCCLA

#4 GUEST SPEAKER/VIDEOTAPE

(TEKS 4A, 4B, 4D, 8E)

TAKS SCIENCE TAKS SOCIAL STUDIES

Invite a guest speaker from the March of Dimes, a nurse practitioner, or another health care professional to talk to the class about genetic and environmental influences on prenatal development.

If a guest speaker is not feasible, have students view a videotape on genetic and/or environmental influences affecting prenatal development.

#5 EDUCATIONAL TOUR/OBSERVATION

(TEKS 4A, 4B, 4D, 8E)

TA 65 Characteristics of the Newborn

Arrange for students to tour a birthing center and nursery at a local hospital. Have a nurse or other health care professional explain procedures and equipment involved in the delivery and care of a new baby and the mother. If newborns are present in the nursery, have students observe the characteristics of the newborns and their waking and sleeping habits. Have students compare the observations with the newborn states featured in Table 17.1 of the Reference Book. Have students write a summary reflection of the tour. Students may also use Teaching Aid 65, ***Characteristics of the Newborn***, in assessing the development of the babies observed.

#6 OBSERVATION/EDUCATIONAL TOUR

(TEKS 4A, 4B, 4D, 5B, 5C, 8E)

TA 66a-b Observing Infants at Different Stages of Development

Invite parents with babies who are representative of the three age groups (birth to four months, four months to eight months, and eight to twelve months). Have the parents talk about their experiences with their infants. Ask students to observe the infants and list all of the reflex actions and other movements that are exhibited during the babies' visit. Have students compare their lists for accuracy, as well as the characteristics listed in the Reference Book. Teaching Aids 66a-b, ***Observing Infants at Different Stages of Development***, could be used to record observations.

If it is not feasible for the babies and their parents to visit the classroom, arrange for the students to observe infants in a child care center.

#7 VIDEOTAPES/LISTENING TEAMS

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7D, 8E)

To provide a foundation of knowledge, have students view any or all of the videos such as:

- *A Child Grows: The First Year of Life*
- *The Baby Care Home Video*
- *Keys to Quality Infant and Toddler Care*
- *Sensory and Art*
- *Exploring and Learning*

Have students use listening teams for specific concepts (i.e., separation anxiety, early brain development). Share the information with the class.

#8 WRITTEN EXERCISE/PROJECT

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7D, 8E)

TAKS WRITING TAKS READING

Have students compose a magazine article that provides guidelines and tips in caring for newborns and infants. The project could be developed by different groups and compiled into one article or could be a series of articles for a magazine on infants. For example, one group could write about information about infants from birth to four months. Another group could write about infants from four to eight months of age and so on.

As an alternative activity, students could develop a PowerPoint or slide presentation instead of the magazine article. Arrange for the students to share their project with other classes or community groups. The project could also be used as an FCCLA chapter project.

FCCLA

#9 GROUP ACTIVITY/PROJECT

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7D, 8E)

TA 67a-b Tender Care

TA 68a-b Books for Babies

Divide the class into small groups. Assign each group a specific age group (birth to four months, four to eight months, eight to twelve months). Have each group develop teaching strategies for any or a combination of the developmental areas (physical, emotional/social, and cognitive) for the assigned age group. Tables 17.2, 17.3, and 17.4 in the Reference Book may be used as a resource, as well as Teaching Aids 67a-b, ***Tender Care***, and Teaching Aids 68a-b, ***Books for Babies***, features children's books that are developmentally appropriate for infants. Have students share their teaching strategies with the class and compile the ideas into one document.

TAKS WRITING TAKS READING

#10 INDIVIDUAL ACTIVITY/GROUP ACTIVITY

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7D, 8E)

Have students design floor plan space for infants in a child care facility on a large piece of tagboard or poster board. Students should include space for activities, such as eating, sleeping, diapering, playing, and observing. Ask students to share their designs.

#11 VISUAL DISPLAY

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7D, 8E)

Provide a display of toys designed for infants. Have each student or pairs of students select one of the toys and point out the features that make it safe or unsafe for infants, as well as the appropriateness for that specific age group.

Lead students to identify criteria for selecting toys and play activities for infants. Have students list the criteria on an overhead or a poster. Using the criteria, instruct students to select toys and play activities from toy catalogs and newspaper advertisements that would be appropriate for infants (from newborns to one year old). Students need to consider purposes of the toys and safety features. Have students compile the pictures and information into some type of visual display.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Applied Technology; Occupational Child Care
- Leaders at Work
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 18

Toddlers

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7B Practice effective communication skills.
- 7H Determine appropriate techniques when guiding children, including those with special needs.
- 8E Analyze the effect of family stability on children's behavior.

Chapter Vocabulary

difficult child
easy child
slow-to-warm-up child
telegraphic speech

RESOURCES

Books

Bredekamp, Sue, and Copple, Carol. (Eds.). (1997). *Developmentally Appropriate Practice in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children.

Bronson, Martha B. (1995). *The Right Stuff for Children Birth to 8: Selecting Play Materials to Support Development.* Washington, DC: National Association for the Education of Young Children.

Chen, Jie Qi. (Ed.). (1998). *Project Spectrum: Early Learning Activities.* Washington, DC: National Association for the Education of Young Children.

Pozmantier, J. R. (2001). *The first years: A parent and caregiver's guide to helping children learn.* Orlando, FL: DK Publishing.

Sawyers, Janet K., and Rogers, Cosby S. (1990). *Helping Young Children Develop Through Play.* Washington, DC: National Association for the Education of Young Children.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Publications

American Baby

Child

Family Life

Modern Dad

Parenting

Parents

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: How It Feels to Be a Toddler." Vol. 20 (3). 1996.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Children Learning Language: How Adults Can Help*
- *Exploring and Learning*
- *Keys to Quality Infant and Toddler Care*
- *Sensory and Art*
- *Toddlers: The Second Year of Life*

#1 ROLE PLAY

Divide the class into small groups. Instruct groups to write a role play to be shared with the class. The role play will center on the emotional development of toddlers. Have students demonstrate how the following problems might be handled:

- fear of separation primarily from the caregiver (possible solutions include praising achievements, reassuring the child of love, listening patiently to the child's fears, and explaining what will happen during the day and that the primary caregiver will return)
- temper tantrums (possible solutions include ignoring the child, isolating from others, and distracting or redirecting to a new activity)
- aggressive behavior (possible solutions include teaching appropriate expressions of anger, and teaching or modeling new ways of getting attention from peers and adults)

Notes

(TEKS 4B, 4D, 5C, 7B, 7C, 7F, 7G, 8E)

#2 GRAPHIC ORGANIZER/WEB DIAGRAM

Have students create a web diagram that illustrates fine motor skill activities that can be used with children eighteen to twenty-four months of age. Lead students to compare the diagrams. Teaching Aid 69, ***Fine Motor Skill Activities for Toddlers,*** can be used as a guide.

(TEKS 4A, 4B, 4D, 5B)

TA 69 Fine Motor Skill Activities for Toddlers

#3 PROJECT

Divide the class into small groups, or have students work in pairs. Instruct students to develop a child care center schedule for one day. For all activities included in the schedule, have students provide factors that influenced the scheduling considerations, such as special needs of children, number of working staff, number and ages of children, and weather or time of year. The schedule should include naps and meals. Students may include a field trip or special guests. Teaching Aid 70, ***Sample Well-Balanced Schedules,*** and Teaching Aid 71, ***Daily Schedules: Planning the Sequence of Events,*** can be used as guidelines.

As an alternative strategy, a more comprehensive lesson might be to have students create a block plan for one month.

(TEKS 1C, 4B, 4D, 5B, 5C, 7A, 7H)

TA 70 Sample Well-Balanced Schedules

TA 71 Daily Schedules: Planning the Sequence of Events

TAKS WRITING TAKS MATH

#4 GROUP ACTIVITY/PROJECT

Divide the class into small groups, or have students work in pairs. Using classroom materials, have students create collages from magazine pictures of toddlers showing various emotions. Display the collages, and have students discuss some of the pictures on their collages. Lead a class discussion based on the emotions being displayed in each picture. Point out that learning to label one's own feelings and the feelings of others is a major task for young children.

(TEKS 4A, 4D)

Key Questions
- How can caregivers help children identify their own feelings and emotions?
- How can caregivers help children take the perspective of another person?

#5 VIDEOTAPE/AUDIOTAPE/LABORATORY EXPERIENCE

(TEKS 4A, 4B, 4D)

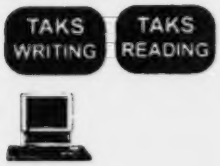
Have students view *Children Learning Language: How Adults Can Help*, or some comparable video. Instruct students to tape record discussions with children eighteen- to twenty-four months old. Have students give oral presentations comparing the average vocabulary for this age group with the children they taped.

Key Questions
- How many words does a typical toddler of this age use?
- How should a caregiver respond to poor grammar usage?
- What types of activities stimulate language development?

#6 BROCHURE

(TEKS 4D, 5B, 5D, 7A, 7H, 8E)

TA 31a-b Brochure Assessment



Instruct students to design an informational brochure for parents that provides guidelines, tips, and activities on appropriate teaching strategies for two-year-old toddlers. Instruct students to choose any one or a combination of the following developmental areas: physical, emotional, social, and cognitive. The brochures may be created using a desktop publishing software program. Have students critique the completed brochures using Teaching Aids 31a-b, ***Brochure Assessment***.

#7 BRAINSTORMING

(TEKS 4A, 4B, 4D, 5B)

As a class, ask students to list all the physical skills they can think of that are associated with daily routines of toddlers. Lead a discussion on the importance of daily routines for toddlers.

Key Questions
- Why is it important that a caregiver maintain daily routines for toddlers?
- How do daily routines develop physical skills of toddlers?

#8 SKITS/GROUP ACTIVITY

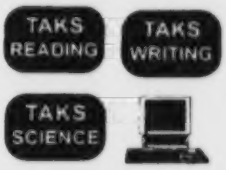
(TEKS 5B, 5C, 5D, 7B, 7H)

Divide the class into groups. Have each group develop a skit or puppet show that could be used to teach toddlers simple rules or limits about negative behavior and develop a sense of "right and wrong." Have each group demonstrate the skit or puppet show to the class. Arrange for groups to try out their skits or puppet shows with toddlers in a child care center, and have students report back on the reactions of the children.

#9 RESEARCH

Lead a class discussion on the importance of proper food and rest during this period (twenty-four to thirty months of age) of rapid physical growth. Have some students research references to find out how much food is recommended for this age group. Ask other students to interview parents of toddlers in this age group to determine how much rest the toddlers require.

(TEKS 4B, 4D, 6A)



#10 CLASS DISCUSSION/GROUP ACTIVITY

Lead a class discussion on self-help skills, such as dressing, toileting, eating, and washing, that are still a focus for learning by the thirty- to thirty-six-month-old toddler. Divide the class into groups to develop a learning activity for one of the self-help skill areas. Have each group elect a leader to share the group's activity with the class.

(TEKS 2A, 4B, 4D, 5C, 7A, 7H, 7D)

#11 VIDEOTAPES/LISTENING TEAMS

To provide a foundation of knowledge, have students view any or all of the videos such as:

- *Toddlers: The Second Year of Life;*
- *Keys to Quality Infant and Toddler Care;*
- *Sensory and Art; and*
- *Exploring and Learning.*

(TEKS 2A, 4A, 4B, 4D, 5B, 5C, 5D, 7A, 7B, 7H, 8E)

Have students use listening teams for specific concepts (i.e., language development, control of emotions). Share the information with the class.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Ready, Set, Read!
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 19

Preschoolers

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.

Chapter Vocabulary

discovery model
instructional model
norm

RESOURCES

Books

Bredekamp, Sue, and Copple, Carol. (Eds.). (1997). *Developmentally Appropriate Practice in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children.

Bronson, Martha B. (1995). *The Right Stuff for Children Birth to 8: Selecting Play Materials to Support Development.* Washington, DC: National Association for the Education of Young Children.

Chen, Jie Qi. (Ed.). (1998). *Project Spectrum: Early Learning Activities.* Washington, DC: National Association for the Education of Young Children.

Sawyers, Janet K., and Rogers, Cosby S. (1990). *Helping Young Children Develop Through Play.* Washington, DC: National Association for the Education of Young Children.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Publication

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: How It Feels to Be a Preschooler." Vol. 20 (4). 1997.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Preschoolers*
- *Tip Top Tots: Nutrition Pyramid for Preschoolers*

Web Sites

Association for Childhood Education International
www.acei.org

Google
www.google.com

Lycos
www.lycos.com

National Association for the Education of Young Children
www.naeyc.org

Yahooligans
www.yahooligans.com

#1 PROJECT

Show students Teaching Aid 72, ***Preschool Teaching Methods***. Lead a class discussion regarding the advantages and disadvantages of the discovery and instructional teaching models. Ask students to identify a goal and a teaching strategy for a science activity utilizing each teaching model.

Notes

(TEKS 5B, 5C, 5D)

TA 72 Preschool Teaching Methods

TAKS SCIENCE

#2 GROUP ACTIVITY

Divide the class into small groups to develop a list of physical skills that can be accomplished by three-year olds. The following skills might be included: hopping, skipping, running, climbing, throwing, catching, and bouncing a ball.

(TEKS 4A, 4B, 4D)

Key Questions

- What might a lack of skill in these physical activities indicate?
- What are some activities that can be planned to help children improve in each of these skills?

Variation: Have students develop a timeline that illustrates the progressive physical development of children beginning with infants and highlighting several age groups up to age three. Guide students in presenting the timeline through a visual display.

#3 GROUP ACTIVITY

Show students Teaching Aid 73, ***Types of Play***. Lead a class discussion on the various types of play described on the teaching aid. Ask students to find pictures that illustrate these different types of play and bring them to class. Have students share the pictures in class and identify the type of play depicted.

(TEKS 4A, 4B)

TA 73 Types of Play

Key Questions

- In what type(s) of play are three-year olds most often involved?
- How does this type of play relate to the child's social and emotional development?

Variation: Divide the class into small groups. Supply each group with a disposable camera. Arrange for groups to visit child care centers and take pictures of children in different types of play. Have students create posters with the pictures and share with the class.

#4 LABORATORY EXPERIENCE

Show students Teaching Aid 74, ***Guidelines for Book Selection for Preschoolers***. Lead a class discussion on each of the guidelines. Instruct students to visit the public library and select three books that would be

(TEKS 5B, 5C, 5D)

TA 74 Guidelines for Book Selection for Preschoolers

TAKS READING TAKS WRITING

FCCLA

appropriate for preschool children using the guidelines listed on the teaching aid. Have students complete the evaluation form for two of the three books. Ask students to choose one of the three books and read it to a child from three- to five-years old. Using the guidelines from the evaluation form, write a reflection paper on the child's reactions to the book that was read to them. This strategy could be used as an FCCLA project, Ready, Set, Read!

#5 RESEARCH/EVALUATION

(TEKS 5B, 5C)

TAKS READING TAKS WRITING

Have students work in pairs or in small groups. Instruct students to use the following search engines and Web sites to find three activities that would promote language development or memory development (association).

Search engines might include:

- *www.google.com* (use the words "preschool" + "games")
- *www.yahooligans.com*
- *www.lycos.com*

The activities may be games played on the computer. Have students write evaluations of the activities found. Ask each group to elect a leader to report the group's findings to the class.

Key Questions

- What characteristics of this age group makes this game a good one for language or memory development?
- From Tables 19.1, 19.2, or 19.3 in the Reference Book, what Caregiver Strategies for Cognitive and Language Development are addressed in the chosen activity? (Choose the appropriate table for the age of the preschooler for whom the game is chosen)

#6 VIDEOTAPES/VISUAL DISPLAY

(TEKS 4A, 4B, 4D, 5B, 5C, 5D, 7A, 7F)

Have students view videotapes that focus on preschool children, such as *Preschoolers* and *Tip Top Tots: Nutrition Pyramid for Preschoolers*. Both of the videos will provide a solid foundation of knowledge about preschoolers.

Lead students to discuss the major ideas expressed in the videotapes. Ideas could be expressed on posters or some type of visual display.

Key Questions

- What are the characteristics of a typical preschooler?
- How do three-year olds differ from four-year olds?
- How would you describe the physical, cognitive, emotional, and social development of the three-year old? four-year old?
- How does language development differ?

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 20

School-Age Children

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 7H Determine appropriate techniques when guiding children, including those with special needs.
- 9C Implement strategies that enhance cooperation among the center, teacher, community, and family.

Chapter Vocabulary

brainstorm
latchkey children
middle childhood
self-care children

RESOURCES

Books

Albrecht, Kay M., and Plantz, Margaret C. (1993). *Developmentally Appropriate Practice in School-Age Care Programs* (2nd Ed.). Alexandria, VA: American Home Economics Association.

Bronson, Martha B. (1995). *The Right Stuff for Children Birth to 8: Selecting Play Materials to Support Development.* Washington, DC: National Association for the Education of Young Children.

Chen, Jie Qi. (Ed.). (1998). *Project Spectrum: Early Learning Activities.* Washington, DC: National Association for the Education of Young Children.

Sawyers, Janet K., and Rogers, Cosby S. (1990). *Helping Young Children Develop Through Play.* Washington, DC: National Association for the Education of Young Children.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Publications

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines.* (2000)
- *Texas Minimum Standards for School: Grades Kindergarten and Above.* (2000).

Texas Workforce Commission, Austin, TX:

- *Texas Child Care.* "Back to Basics: How It Feels to Be a School-age Child." Vol. 21 (1). 1997, *and "Community Service and School-age Children: Time to Give Back." Vol. 21 (1). 1997.*

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

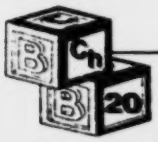
- *Middle Childhood: Cognitive and Language Development*
- *Middle Childhood: Physical Growth and Development*
- *Middle Childhood: Social and Emotional Development*
- *The School-age Connection*

Web Sites

Culture Grams
www.culturegrams.com

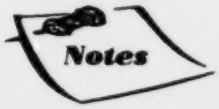
Texas Department of Protective and Regulatory Services
www.tdprs.state.tx.us

Texas Education Network
www.tenet.edu

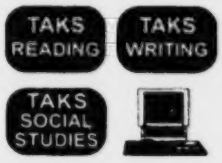


#1 RESEARCH/INTERNET SEARCH

Have students research issues facing school-age children. Examples for topics: self-care; latch key; safety at home, school, and on the Internet; divorce; friendships. Have students use classroom resources, the library or the Internet to obtain information. Instruct students to write papers on their findings, documenting references, and be prepared to discuss the issue in class.



(TEKS 4A, 4B, 4D)



#2 BRAINSTORMING/GROUP ACTIVITY

Lead students to brainstorm needs of families for school-age child care in terms of time and special activities.

(TEKS 4A, 4B, 4D, 5B)

Time needs might include:

- holidays
- before school
- after school, and other extended periods of time
- summer

Special activity needs might include:

- assistance with homework
- trips to the store for project materials for school
- creating costumes
- dancing or music lessons
- transportation to group or club meetings
- baking cookies for school projects and classroom parties

Divide the class into groups. Have each group discuss ways that existing child care centers provide time and activity needs of school-age children. Have each group investigate the school-age program at one center and share their findings with the class.

Key Questions

- How can short-term or occasional care be arranged at existing centers?
- How can special activities be accommodated at existing centers?
- What adjustments could be made at existing child care centers to meet some of the needs in terms of time and special activities for school-age children?

#3 GUEST SPEAKER/PANEL DISCUSSION

Invite a panel of child care directors (public and private) to visit and speak to the class on recognizing developmental problems such as behavior, vision, and hearing problems. Brainstorm a list of written questions for the panel prior to the visit.

(TEKS 3B, 3E, 4D, 5E, 7A, 7H, 9C)

Key Questions

- Does the child care center provide any screenings of children for developmental problems? If so, who performs the tests?
- What are the qualifications of the person administering such tests?
- If screenings are not used, how are developmental problems identified by the staff?
- When are the parents/guardians of the child notified of suspected problems?
- Should the teacher or the director of the center, or both, talk with the parents/guardians about potential developmental problems?

As a follow-up activity, have students work in groups to plan an activity that might help identify one or more developmental problems. Have each group select a leader who will share the group's plan with the class.

#4 CLASS DISCUSSION

(TEKS 1A, 1B, 4D)

TAKS READING

Provide copies of current licensing standards for child care centers. Ask students to look up the staff/child ratios for school-age children. Lead a class discussion on the recommendations.

Key Questions

- What are the staff/child ratios for various school-age programs?
- Where could center directors obtain part-time help to supplement the full-time staff?
- Why would retired elementary school teachers be an option?
- What kind of training would the part-time staff need?

#5 GROUP ACTIVITY/DEMONSTRATION

(TEKS 4A, 4B, 5B, 5C, 5E)

Divide the class into small groups. Have students assume that they are caregivers for children whose ages are six, nine, and twelve. Have each group draw from a paper bag that contains a description of a special need of one child in their group of children. Instruct students to plan one activity that will interest children of all three ages, as well as a child with special needs. Allow students to demonstrate their activities through role play. Ideas for special needs include learning disabilities, sensory disabilities, and emotional or behavioral disorders.

Key Questions

- What are some of the challenges of planning activities for children of different ages?
- What factors were considered when including a child with special needs?
- What must be considered when giving instructions to children of different ages and levels of need?

#6 RESEARCH/TEAMWORK

(TEKS 9C)

TAKS READING TAKS WRITING TAKS SOCIAL STUDIES TAKS SCIENCE TAKS MATH

Divide students into small groups. Have students research resources in the local community that are available to school-age children and how the resources may be used (clubs, swimming pools, parks, art groups, libraries, arts and crafts opportunities, organized recreational programs, and church youth groups). Have students collect bulletins, pamphlets, and other information on community resources for a display or bulletin board.

Key Questions
- Which kinds of activities are offered?
- Which activities require a fee?

Variation: Provide maps for students to use in marking locations of community resources for school-age children. Have students write directions/instructions for reaching all locations marked. Have students share their papers in class. Have students determine the best set of instructions and provide awards.

#7 LABORATORY EXPERIENCE

(TEKS 4D, 5B, 5C, 5E, 7A, 7F)

TAKS SCIENCE

Ask students to work with school-age children in child care centers to plant some flower/vegetable seeds in flower beds or large planting pots. Have students give the children in-depth instructions for planting, the amount and frequency of watering, and when they can expect blooms to appear. Have students work out a rotation schedule of who will water and care for the new plants. Have students schedule one or more follow-up visits to encourage care of the plants. Instruct students to provide ongoing discussions with the children about the responsibility that must be taken for living things.

#8 GUEST SPEAKER/CLASS DISCUSSION

(TEKS 5B, 5D, 5E, 7A, 7E)

Invite a guest who is skilled in sign language to demonstrate by signing the words to music such as holiday carols or other songs that are familiar to students. Lead a class discussion on the importance of planning special activities for children with special physical needs. Ask students to brainstorm other activities that would be appropriate for children with different kinds of physical impairments.

Key Questions
- How do these types of activities help to build positive self-esteem in children?
- What factors do child care providers need to consider when adapting/creating curriculum for special needs children?
- How does working/playing with special needs children help other children to develop?

#9 GROUP ACTIVITY/INTERNET ACTIVITY

(TEKS 4B, 5B, 5C, 5D, 5E, 7A, 7F, 7H, 10A)

TAKS READING TAKS WRITING TAKS SOCIAL STUDIES

Divide the class into small groups. Instruct each group to create an Internet search around an international theme. For example, have each group select a country for the children to study. Have the students research the Internet and compile a listing of appropriate Web sites for the children to visit. Some ideas for Web site information include location (on-line maps), customs, clothing, food, religion, transportation, and family life in that country. *Culturegrams* offers valuable information about other cultures. Information is available online at *www.culturegrams.com* or a classroom set of the pamphlets can be purchased. The information would also be a great addition to the school library.

Have students provide at least one Web site for each category. Have students share with the class, the selected country and Web sites.

#10 VIDEOTAPES/WRITTEN EXERCISE

(TEKS 4B, 5B, 5C, 5D, 5E, 7A, 7F, 7H, 10A)

TAKS WRITING

To reinforce knowledge about school-age children, have students view videos such as:

- *Middle Childhood: Cognitive and Language Development*
- *Middle Childhood: Physical Growth and Development*
- *Middle Childhood: Social and Emotional Development*
- *The School-age Connection*

Lead students to discuss the major ideas expressed in the videos through journal entries or written summaries.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Ready, Set, Read!
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 21

Development of Children with Special Needs

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 4C Identify characteristics indicative of special needs or disabilities in children.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 5F Describe methods of assessing developmental levels of children.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 7H Determine appropriate techniques when guiding children, including those with special needs.

Chapter Vocabulary

assessment
behavior modification
children with special needs
communication disorder
disability
gifted/talented children
inclusion
learning disability
mainstreaming
multisensory training
prosthesis
speech impairment
task analysis

RESOURCES

Agencies and Organizations

Council for Exceptional Children

Focus on Exceptional Children

I Am Your Child Foundation

March of Dimes

National Association for the Education of Young Children

Texas Department of Health

Publication

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines.* (2000).

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Diversity: Contrasting Perspectives*
- *Understanding Learning Disabilities*
- *Why Can't Michael Pay Attention?*

Web Sites

Braillebug
www.afb.org/braillebug

National Association for Gifted Children
www.nagc.org

Gifted Children: Identification, Encouragement, and Development
www.gifted-children.com

American Association for Gifted Children (AAGC)
www.aagc.org

U.S. Department of Education – Individuals with Disabilities Education Act (IDEA)
www.ed.gov/offices/OSERS/Policy/IDEA25th

U.S. Department of Justice – Americans with Disability Act
www.ada.gov or *www.doj.gov*

#1 CLASS DISCUSSION/VIDEOTAPE/RESEARCH

Notes

(TEKS 4C, 5F)

Show students Teaching Aid 75, ***Traits Associated with Learning Disabilities***. Lead a class discussion regarding these traits. Point out that a child with a learning disability may exhibit only a few of these traits and that from time to time children of all ability levels exhibit some of these behaviors. Have students view the video, *Why Can't Michael Pay Attention?*, or a similar video.

TA 75 Traits Associated with Learning Disabilities

TA 76 Guidelines for a Classroom Debate

Key Questions

- What traits listed on the Teaching Aid did Michael display?
- When are learning disabilities likely to be discovered?
- If a child exhibits several of these traits, does it mean that the child has a learning disability?
- What other factors might account for these behaviors in young children?
- How are some of these traits also associated with other types of disabilities?

Point out that the drug, Ritalin, is often prescribed for children with learning disabilities. There are both benefits and side effects associated with this drug. Divide the class into two groups for researching Ritalin: one group is to discuss the benefits, the other group is to discuss the side affects. Groups may use classroom resources, library resources, or the Internet to find information. Have each group select a spokesperson for the group. Have each group present their findings to the class or conduct a debate.

If a debate is carried out, Teaching Aid 76, ***Guidelines for a Classroom Debate,*** can be used in planning and implementing the activity.

#2 VIDEOTAPE/LISTENING TEAMS

(TEKS 4C, 4D, 5B, 7E, 7H)

Have students view, *Understanding Learning Disabilities*, or a similar video to provide more information about children with special needs. Divide the class into listening teams, and have each team share their responses.

#3 LABORATORY EXPERIENCE/SIMULATION

(TEKS 4C, 4D, 5B, 7E, 7H)

Using Teaching Aid 77, ***Hurry Up!***, have students participate in an awareness activity to help them develop an empathy for children with learning disabilities.

TA 77 Hurry Up!

Activities might include:

- Reading a mirror image
- Putting together a puzzle that has a key piece missing
- Copying a drawing with dominant eye closed using non-dominant hand
- Being taught a difficult task by someone who teaches too fast

Lead a class discussion about students' feelings of frustration following the activities. Point out that children with learning disabilities are likely to experience many failures.

Key Questions
- How can failures be minimized for children with learning disabilities?
- What can happen if a child experiences failure too often?

#4 OBSERVATION

(TEKS 4C, 4D, 5B, 7E, 7H)

TA 78 Signs Which May Indicate Visual Impairments

Give students a copy of Teaching Aid 78, ***Signs Which May Indicate Visual Impairments***. Ask students to read the descriptions in each category.

Key Questions
- How long would you need to observe or care for a child before completing this checklist?
- Why is it important to report your observations, even if only one sign is observed?

#5 GROUP ACTIVITY

(TEKS 2A, 2D, 4C, 4D, 5B, 5E, 5F, 7E, 7H)

TA 79 Caring for Children with Visual Impairments

Show students Teaching Aid 79, ***Caring for Children with Visual Impairments***, which lists some guidelines for working with visually impaired children. Divide the class into pairs. Have each pair develop one or two activities using one or more of the guidelines. Allow time for each group to share one of their activities.

Key Question
- In what ways could these guidelines be used to enhance the education of normally-sighted preschool children?

#6 BRAINSTORMING

(TEKS 2A, 2D, 4C, 4D, 5B, 7E, 7H)

Lead students to brainstorm a list of physical impairments. Have students suggest ways a child care center could adjust physical space to accommodate children with physical impairments.

Key Questions
- How much more space would children with physical impairments need per child than non-impaired children?
- Why is a space recommendation made in the state Day Care Center guidelines?
- What are the pupil/teacher ratios? Why?

#7 INTERVIEW

(TEKS 4C, 4D, 5B, 5E, 7E, 7H)

TA 80 Child Care Provider Interview: Caring for Children with Special Needs

Have students interview child care providers who care for children with special needs. Students may visit the providers on-site or conduct telephone interviews. As an alternative, child care providers could be invited as guest panelists in the classroom. Lead students to prepare questions in advance of the interview. Teaching Aid 80, ***Child Care Provider Interview: Caring for Children with Special Needs***, may be used as an interview guide. As a follow-up activity, have students write a reflection on their findings.

#8 RESEARCH

(TEKS 4C, 4D, 5B, 5F, 7H)

TA 81a-b Resources for Behavior Disorders

TAKS READING TAKS WRITING

Have students write letters of inquiry to different organizations that provide information and support to those concerned with behavioral disorders. Coordinate the activity so that different students contact different organizations. Teaching Aids 81a-b, ***Resources for Behavior Disorders***, lists names, addresses, toll-free numbers, and URLs of behavior disorder organizations. Most of these organizations will send free information as well as a list of low cost publications. Ask students to present any information received to the class.

Key Questions

- What are the purposes of organizations such as those listed on the teaching aid?
- How can such organizations be important resources to those concerned with behavioral disorders?

#9 GROUP ACTIVITY

(TEKS 4C, 4D, 5B, 5E, 5F, 7H)

TAKS READING TAKS WRITING

Divide the class into groups. Have each group research "gifted and talented" children. Lead students to discuss and share their findings. In addition to classroom and library resources, Web sites such as the following may be used:

- National Association for Gifted Children
  www.nagc.org
- Gifted Children: Identification, Encouragement, and Development
  www.gifted-children.com
- The Hollingworth Center for Highly Gifted Children
  www.hollingworth.org
- American Association for Gifted Children (AAGC)
  www.aagc.org

Key Questions

- How are children identified as being gifted and talented?
- What types of character traits do gifted and talented children have?
- What challenges do gifted and talented children present to early childhood educators?
- What kinds of resources are available to use with students who are identified as gifted and talented?

After gathering background information, have each group write an activity for preschool children of average intelligence. Have students revise or adapt the activity to meet the needs of gifted and talented students and make a list of all necessary changes. Lead groups to share with teachers their activity and the kinds of changes needed to make adaptations for gifted and talented students.

#10 GUEST SPEAKER

(TEKS 4C, 5B, 5F)

Invite a school psychologist or diagnostician to speak to the class on the importance of assessment tests and their policies for referring children for assessment. Ask the experts to display sample assessment instruments/tests. Have students submit written questions in advance.

Key Questions

- How is assessment different from screening?
- Why is a signed parental release form required for assessment?
- Who conducts initial interviews with the parents?
- What type of release form is used?
- What information is required on a release form?

#11 INDIVIDUAL ACTIVITY

(TEKS 7E, 11D)

TA 82 Understanding Your Attitudes Toward Mainstreaming

Ask students to complete the activity on Teaching 82, ***Understanding Your Attitudes Toward Mainstreaming***. Tell students that this is a personal assessment and that their answers will not be seen by anyone else. Point out that there are no right or wrong answers, and encourage students to select the response that first strikes them as appropriate. After students have completed the exercise, help them evaluate their attitudes toward mainstreaming. Students who circled A for Items 2,3,5,6, and 8 and B for Items 1,4,7,9, and 10 have the most positive attitude about mainstreaming.

Key Questions

- If a caregiver has a negative attitude about mainstreaming, what action should the director of the child care center take?
- How can attitudes be changed?
- How would a negative atmosphere in the classroom affect a mainstreamed child's self-concept?

Variation: Have students journal or write a reflection paper on their thoughts and feelings about mainstreaming based on their self assessment.

#12 PROJECT

(TEKS 4C, 4D, 5B, 5F, 7E, 7H)

TA 83 Self-Help Skills

Show students Teaching Aid 83, ***Self-Help Skills***. Lead a class discussion on how caregivers can encourage children with special health needs to develop independence. Divide the class into small groups, or let students work in pairs. Assign each group/pair a type of disability, and ask them to

develop and write one activity that could be used to assist the child in developing one of the self-help skills listed on Teaching Aid 88. Evaluate the activities on appropriateness for the disability.

#13 GROUP ACTIVITY

Divide the class into small groups. Have each group plan transition activities that would be appropriate for mainstreamed children. Remind students that children with special health needs may need more time to complete activities than other children. Ask each group to elect a leader to report their activity to the class.

(TEKS 1C, 2A, 4C, 4D, 5B, 5E, 7E, 7H)

As an alternative strategy, compile the activities and disseminate to the students as part of their resources packet.

#14 SCENARIOS

Divide the class into groups to perform the following activity. This activity will help students identify ways that caregivers can assist children with special health needs in acquiring social skills and cooperative behaviors.

(TEKS 1C, 4C, 4D, 5E, 7E, 7H)

Give each group a scenario folder and a number. Sample scenarios may include:

- A withdrawn child watches two other children bathe the dolls but will not join them, even after the caregiver has invited the child to do so.
- A child with a mental impairment always plays the role of "baby" in the home living center.
- A child with a hearing impairment sings so loudly during music time that the other children refuse to sit near this child.
- A child who becomes angry at losing a table game is not invited to play with the other children the next time the game is played.

Each folder should contain copies of the following discussion questions:

- How is this child's behavior affecting other children in the group?
- What skill is the child lacking?
- How might the child's caregiver help this child develop more appropriate skills?

Have each group discuss their folder scenario and answer the discussion questions. Allow five to seven minutes for discussion and then ask one group member to fold the answer sheet in half and put the group's number on the outside. Ask the groups to exchange folders and repeat the same steps. Repeat the process until each group has discussed each scenario. Compare and review the answers of each group for each situation with the class.

(TEKS 4C, 4D, 5B, 5E, 5F, 7E, 7H)

TAKS READING TAKS WRITING

#15 RESEARCH/WRITTEN EXERCISE

Write the words *early childhood intervention* on the overhead or board. Lead students to discuss the importance of intervention, especially for young children. Divide the class into groups. Have students gather information from the library, classroom resources, and the Internet on agencies and organizations that offer assistance to children.

Some Web sites that can be used include:

- Early Childhood Intervention
  www.eci.state.tx.us
- National Early Childhood Technical Assistance System
  www.nectas.unc.edu
- Children's Defense Fund
  www.childrensdefense.org
- National Parent Network on Disabilities
  www.npnd.org
- Zero to Three
  www.zerotothree.org
- National Head Start Association
  www.nhsa.org
- U.S. Department of Education – Individuals with Disabilities Education Act (IDEA)
  www.ed.gov/offices/OSERS/Policy/IDEA25th

Have each group present their findings in a two-page summary or some type of visual display. (e.g., poster, PowerPoint).

Key Questions

- How does the Individuals with Disabilities Education Act (IDEA) impact special education programs for children?
- What kinds of intervention programs are available to children?
- What types of services are offered?
- How are the families involved with the intervention programs?
- How do the intervention programs impact the children and their families?
- How do families find early childhood intervention services?
- How does early childhood intervention benefit society?

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Families First: Families Today; Meet the Challenge; Parent Practice
- Community Service
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 22

Child Guidance/Behavior and Group Management

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1C Demonstrate effective management skills.
2A Evaluate safety and sanitation standards in a child care setting.
2D Summarize environmental conditions appropriate for a child care setting.
4B Determine developmental differences in children of various ages.
7A Determine developmentally appropriate practices that promote self-discipline.
7B Practice effective communication skills.
7D Set up guidelines for assisting children with routine activities.
7E Propose developmentally appropriate practices that promote children's respect for diversity.
7F Identify guidance strategies for promoting positive behavior in children.
7G Describe guidance strategies for dealing with children's problems.
7H Determine appropriate techniques when guiding children, including those with special needs.
8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Chapter Vocabulary

aggression
behavior
consistent
direct guidance
distraction
extinction
guidance
long-term memory
model
negative reinforcement
objective observation
perception
positive behavior
problem behavior
prosocial behaviors
redirection
reinforcement
short-term memory
time-out
verbal guidance

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Education Agency

U.S. Department of Education

Books

Albrecht, Kay M., and Plantz, Margaret C. (1993). *Developmentally Appropriate Practice in School-Age Care Programs* (2nd Ed.). Alexandria, VA: American Home Economics Association.

Bredekamp, Sue, and Copple, Carol. (Ed.). (1997). *Developmentally Appropriate Practice in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children.

Chen, Jie Qi. (Ed.). (1998). *Project Spectrum: Early Learning Activities.* Washington, DC: National Association for the Education of Young Children.

Reynolds, E. (2001). *Guiding Young Children* (3rd Ed.). Mountain View, CA: Mayfield Publishing Company.

Sawyers, Janet K., and Rogers, Cosby S., (1990). *Helping Young Children Develop Through Play.* Washington, DC: National Association for the Education of Young Children.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Publications

Texas Workforce Commission, Austin,TX. *Texas Child Care.*

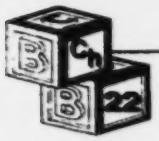
- "Practical Approaches to Preschool Guidance." Vol. 17 (3). 1994.
- "Guiding School-age Children." Vol. 18 (3). 1994.
- "Positive Discipline: Six Strategies for Guiding Behavior." Vol. 22 (2). 1998.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Growing Up in Video World: Media and the Developing Child*
- *Guidance and Discipline: The Learning Environment*
- *Guidance and Discipline: The Teacher's View*
- *Starting Small*
- *Positive Discipline = Positive Children*

Southern Poverty Law Center: *Starting Small Teaching Tolerance in Preschool and the Early Grades* Teaching Kit.



#1 JOURNAL

Ask students to keep a journal for the next few days on the sayings or activities of young children that illustrate egocentrism. Observations can be made in a lab experience or in other situations. Have students share in class some of their observations. Ask the class to give examples of how the child in each example could be guided to an appropriate response or reaction.

(TEKS 4B, 7A, 7B, 7F, 7G)

TAKS WRITING

Key Questions

- How does egocentrism affect guidance needed?
- How might some of the statements sound rude to those who are not aware of egocentric behavior?

#2 INDIVIDUAL ACTIVITY

Give each student two note cards. Ask students **not** to write their names on the cards. Have each student write on one card an event from early childhood that could contribute to a positive self-concept; on the second card, an event that could contribute to a negative self-concept. Instruct students to include any adults likely to be involved in the event. Shuffle the cards and read some of the experiences to the class.

(TEKS 4B, 7A, 7F, 8A)

TAKS WRITING

Key Questions

- Was an adult involved in the event?
- What guidance techniques were used?
- Why do you think the event resulted in a positive effect on the student's self-concept? Negative effect?
- How can this activity be helpful to child care providers?

#3 LABORATORY EXPERIENCE

Have students create ink blot designs. Provide them with bottles of ink and some paper. Ask them to drop a spot of ink in the center of a piece of paper and then fold the paper lengthwise to create an ink blot design. Have them unfold and number their designs. Ask students to circulate around the room with a note pad or piece of paper and write down the number of each design and their perception of the design. Hold up each design and lead a class discussion on the students' perceptions of each design.

(TEKS 4B, 8A)

Key Questions

- Did any two or more students have the same perceptions about a design?
- How do individuals develop perception?
- Why would children have different perceptions of the ink blot designs than teenagers?

(TEKS 4B)

#4 LABORATORY EXPERIENCE

Write in three columns on a sheet of poster board the following list of words:

extra	four	into
pickle	point	plane
formerly	blossom	offer
be	Jupiter	ordinary

Tell students that they will have thirty seconds to look at the list and try to memorize the words. After thirty seconds, turn the poster away from the class. Have students write down as many words as they can remember. When everyone is finished, ask them to share the number of words they remembered. Students who were able to remember more than seven words probably used some memory techniques. For example, rehearsing or practicing the words over and over is a technique used by some.

Key Questions

- Did the game involve short-term or long-term memory?
- Why would young children experience difficulty in remembering the same amount of words as an adult?
- What are some methods child care providers can use to help children remember?

Note: Adults should be able to remember about seven words. Five-year-old children can remember about four words, and three-year-old children can remember about three words. This game can be used to point out that adults can remember more than children because of their memory development. Point out to students that children's memories are short, and caregivers need to realize how easily young children forget.

#5 GRAPHIC ORGANIZER/CLASS DISCUSSION

(TEKS 7F, 4B, 7F, 7H, 8A)

TA 84 Family Guidance Philosophies

Provide students with a copy of Teaching Aid 84, ***Family Guidance Philosophies***. Instruct students to think of families and traditions with which they are familiar or that they have observed and write behaviors that have been stressed as positive or problem in the spaces provided. Have students take turns sharing identified behaviors. Lead a class discussion on the similarities and differences in perceptions of different families.

Key Questions

- How might a behavior considered positive or acceptable by one family be considered a problem in another family? Cite examples.
- Why do different families label behaviors differently?
- What problems might arise if a caregiver's expectations of behavior differ from those in a child's family?

As a follow-up strategy, lead a class discussion on why caregivers should be aware of parents' philosophies in order to develop realistic behavior guidelines for a child care center.

Key Questions

- How can conflicting philosophies between parents and caregivers regarding behavior be resolved?
- What can be done to reduce confusion for children if philosophies on behavior at a child care center and at home are different?

#6 VIDEOTAPE/PROJECT

(TEKS 4B, 5H, 7A, 7B, 7F, 7G)

TAKS WRITING

Have students view the video, *Growing Up in Video World: Media and the Developing Child*, or a similar video. Instruct each student to watch and record incidences of aggression in the following types of television programs: a Saturday morning cartoon, an "educational" program, and a popular "family" program. Have each student write a summary of each program watched, listing the name and time of the program, the number of times an aggressive act was seen, and the types of aggressive acts demonstrated in each show. Ask students to share their findings with the class and compile a chart or list.

Key Questions

- Which shows had the most violence or aggression? had the least?
- Which do you think would be more likely to serve as a behavior model for children? Why?
- If you had children, which programs would you want them to watch? not watch? Why?

#7 BRAINSTORMING/OBSERVATION

(TEKS 4B, 7A, 7B, 7F)

TA 85 Forms of Aggression

Have students view Teaching Aid 85, ***Forms of Aggression***. Lead a class discussion on the various forms of aggression. Have students brainstorm examples of each form. Instruct students to observe children for an example of these forms of aggression at a shopping mall, grocery store, or playground. Have students record their observations and identify each type of aggression observed. Lead students to share their observations in class.

#8 VIDEOTAPE/ROLE PLAY

(TEKS 4B, 7A, 7B, 7D, 7F, 7G, 7H)

Have students view the video, *Starting Small*, available in the *Starting Small Teaching Tolerance in Preschool and the Early Grades Teaching Kit*, or some similar video. Divide the class into small groups. Have each group develop a brief skit or role play that illustrates how a caregiver can promote positive behavior through observation and involvement. Have each group present their skit or role play.

#9 GROUP ACTIVITY

(TEKS 1C, 4B, 7B, 7D, 7F, 7G, 7H)

TA 86 When Should a Caregiver Intervene?

Divide the class into small groups and give each group a copy of Teaching Aid 86, ***When Should a Caregiver Intervene?*** Have each group elect a leader to lead a group discussion on the four case situations. Have each group answer the questions listed on the Teaching Aid. After each group has

worked through the situations, have the leaders share their group's solutions with the class.

Key Question

- When a caregiver is asked to help solve children's conflicts, how can the caregiver help the children solve the conflicts themselves?

Note: Point out to students that generally a caregiver should only intervene in children's conflicts if children request assistance, or if someone or something is about to get hurt. Therefore, caregivers must observe children's interactions at all times and decide when it is appropriate to apply direct guidance techniques.

#10 OBSERVATION

(TEKS 7A, 7F, 7G, 7H)

TA 87 Observation Techniques

Have students review Teaching Aid 87, ***Observation Techniques***. Instruct students to observe a child care center for examples of caregivers modeling positive behaviors. Have students share their observations with the class.

Key Question

- What are examples of types of behavior young children learn through modeling?

Note: Any time a caregiver demonstrates or shows a young child how to do something, the caregiver is modeling. Examples might include: showing children how to turn the pages of a book carefully, demonstrating how to be gentle with a pet or a baby, or showing children how to use finger paints.

#11 GROUP ACTIVITY

(TEKS 4B, 7A, 7D, 7F, 5D)

Divide the class into groups, and ask each group to develop an activity that would help teach a child independence. Have each group elect a leader to share the group's activity with the class. Arrange for students to visit a child care center, and engage the children in the activity. Instruct each student to write a summary on the activity.

Key Questions

- How does the activity teach the child independence?
- Why is it important for children to succeed in their attempts to do things for themselves?
- What changes or improvements would you make in the activity before using it again?

#12 BRAINSTORMING/SCENARIOS

Have students define *redirection* and *distraction*. Lead a class discussion on the meaning of the terms. **Note:** When caregivers *redirect* children's behavior they are stepping into a situation and gradually leading the

children's interactions in a new direction. *Distraction* involves a change of interest initiated by the caregiver. Tell students that giving the child a choice is another method of conflict resolution.

Divide the class into small groups. Instruct each group to write three scenarios: one in which redirection is used by the caregiver, one in which distraction is used, and one in which the child is given a choice. Tell the groups not to label the scenarios. Have groups exchange scenarios and, within each group, discuss and label them as one of the three methods. After all groups have discussed the scenarios, bring the class back together. Have the author group read each of their scenarios with the determined method of conflict resolution. Have groups who chose other methods, share and justify their answers.

#13 SCENARIO/GROUP ACTIVITY

(TEKS 7A, 7B, 7D 7F, 7G, 7H)

Have students read Teaching Aid 88, ***Caregiver Behavior That May Lead to Problem Behavior in Children***. Lead a class discussion regarding the information given on the Teaching Aid. Divide the class into small groups. Provide each group with one or two of the eight caregiver behaviors listed on the Teaching Aid. Instruct each group to write a scenario(s) for the behavior(s) given. Have a spokesperson for the group share with the class.

TA 88 Caregiver Behavior That May Lead to Problem Behavior in Children

Key Questions

- How do the caregiver's attitudes and behavior influence the attitudes and behavior of children?
- How can each type of behavior problem be recognized and dealt with?
- How can the problem solving approach be used to deal with these behavior problems? Have students refer to Table 22.1, *Dealing with Problem Behavior*, in the Reference Book.
- How much time does it take to solve a behavior problem?

#14 VIDEOTAPE/PROBLEM SOLVING

(TEKS 7F, 7G)

Show a videotaped incident, or refer to a recent incident that happened at school that involved high school students. Assign a recorder to write the story on the board or an overhead transparency as students provide background information. Have students sort out facts, inferences, value judgments, and feelings about the incident.

Key Questions

- Why was it hard to be objective about an incident that involved students you know?
- Why is being objective so important when making observations?
- How does this activity help us as child care providers?

#15 VIDEOTAPE/CLASS DISCUSSION

(TEKS 4B, 7A, 7F, 7G)

TA 89 Guidelines on the Use of "Time-Out"

Have students view the video, *Positive Discipline = Positive Children*, or some similar video. Have students read Teaching Aid 89, ***Guidelines on the Use of "Time-Out."*** Lead a class discussion on time-out periods. Explain that time-out may be a form of negative reinforcement or punishment depending on whether the child can end the time-out or must sit through a prescribed amount of time.

Key Questions

- What are some of the disadvantages of using time-out?
- How has this technique proven to be effective with young children?
- How or when could the use of time-out be harmful?
- Is time-out appropriate for infants or toddlers?

Note: Some early childhood experts may not agree in using the "time-out" philosophy of child guidance. It is important to discuss with the teachers and facility's preferred method of handling behavior problems.

#16 PROBLEM SOLVING

(TEKS 7A, 7B, 7F, 7G, 7H)

TA 90 Using Positive Language

Give students a copy of Teaching Aid 90, ***Using Positive Language***. Lead a class discussion on how negative statements by caregivers affect children's self-concepts. Working in pairs or small groups of three, have students write positive statements that a caregiver could use to replace the negative statements. Have students write their responses in the spaces provided. Allow time for students to share their statements with the class.

#17 VIDEOTAPE

Have students view the videos, *Guidance and Discipline: The Teacher's View* and *Guidance and Discipline: Learning Environment*. Both of the videos offer excellent perspectives as early childhood professionals. The first video concentrates on the importance of guidance and discipline throughout childhood. The second video focuses on the importance of the learning environment in the guidance and discipline of young children. Have students summarize the major points in the video(s) and share their responses with the class.

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- STOP the Violence
- Leaders at Work
- Community Service
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 23

Curriculum Management

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

4B Determine developmental differences in children of various ages.

5B Identify stimulating developmentally appropriate learning environments.

5C Demonstrate developmentally appropriate teaching methods and techniques.

5E Develop appropriate adaptations of curriculum for children, including those with special needs.

5F Describe methods of assessing developmental levels of children.

7A Determine developmentally appropriate practices that promote self-discipline.

7E Propose developmentally appropriate practices that promote children's respect for diversity.

7F Identify guidance strategies for promoting positive behavior in children.

9A Identify needs and opportunities for parental involvement in the child care setting.

Chapter Vocabulary

behavioral objectives
curriculum goals
developmental checklist
instructional strategies
integrated curriculum
program model
unit plan

RESOURCES

Books

Peterson, Evelyn A. (1996). *A Practical Guide to Early Childhood Planning, Methods, and Materials: The What, Why, and How of Lesson Plans.* Needham Heights, MA: Allyn and Bacon.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Schickendanz, Judith A., Pergantis, Mary Lynn, Kanosky, Jan, Blaney, Annemarie, and Ottinger, Joan. (1997). *Curriculum in Early Childhood.* Needham Heights, MA: Allyn and Bacon.

Videotapes

The Curriculum Center for Family and Consumer Sciences, Texas Tech University:

- *Schedules and Routines, Why Bother?*

Web Sites

Kindercare
www.kindercare.com

KinderStart
www.kinderstart.com

National Association for the Education of Young Children
www.naeyc.org

National Child Care Information Center
www.nccic.org

National Head Start Association
www.nhsa.org

National Network for Child Care
www.nncc.org

Texas Work and Family Clearinghouse
www.twc.state.tx.us/svcs/workfamch/wfchp.html

#1 GROUP ACTIVITY/GRAPHIC ORGANIZER

Notes

(TEKS 1B, 1C, 4B, 5B, 5E)

TAKS READING TAKS WRITING

Divide the class into groups. Assign each group one or more of the nine child care program types listed in Figure 23.1, of the Reference Book. Have students use classroom resources, library references, the Internet, interviews, observations, or firsthand experiences to collect the information on the characteristics of each type program. Ask each group to develop a poster listing characteristics of each type of program. Provide class time for groups to display and explain their posters. Have the class compare the identified program characteristics.

Potential resources include the following Web sites:

- National Head Start Association, *www.nhsa.org*
- Kindercare, *www.kindercare.com*
- KinderStart, *www.kinderstart.com*
- Texas Work & Family Clearinghouse, *www.twc.state.tx.us*
- National Child Care Information Center, *www.nccic.org*
- National Network for Child Care, *www.nncc.org*

Key Questions

- What characteristics do the programs have in common?
- In what ways do the programs differ?
- Why is it sometimes difficult to classify a child care program into one of these categories?

As a follow up activity, have groups analyze advantages and disadvantages of directing their assigned programs. Students might use T-charts, charts, or other graphic organizers to illustrate their findings. Have groups present their findings to the class.

#2 GRAPHIC ORGANIZER/T-CHART

(TEKS 1B, 2A, 5B)

TA 18 T-Chart Template

TAKS WRITING

Obtain the curriculum plan for a franchise center, such as Kindercare, and one used in a local privately owned center. Provide students with Teaching Aid 18, ***T-Chart Template***. Have students label the T-Chart, "Curriculum Plan Comparisons." Instruct students to identify the differences and similarities between the two plans.

Key Questions

- What differences and similarities are evident?
- How do the licensing standards affect the curriculum?
- How does the grouping pattern affect the curriculum?
- How do the services offered affect the curriculum?

#3A ROLE PLAY/SIMULATION

(TEKS 1B, 1C)

Have students simulate the first meeting of a curriculum development committee. In the simulation, each student is a member of this committee and the first task is to develop a program philosophy that will guide the

development of the curriculum. Ask students to practice the group consultation style of meeting with parliamentary procedures while developing a concise statement of philosophy that reflects the values and beliefs of the group regarding child care.
Note: Students may draw for specific roles on the committee, such as the director, teachers, parents, or board members.

Key Questions
- What are the needs of the children?
- How does the center want to fulfill the needs of the children?
- What is the center's purpose as a provider of child care?

Obtain some curriculum plans from a variety of child care centers. Ask volunteer students to read the philosophy statements aloud to the class. Lead students to analyze and compare the class philosophy previously developed to the statements from the actual child care centers.

Key Questions
- How could the class philosophy be revised?
- How is the class statement more or less specific than the actual philosophies from the various child care centers?
- How often does a child care center need to examine and revise their philosophy?

#3B ROLE PLAY/SIMULATION

(TEKS 1B, 1C)

Ask students to continue their simulation of a curriculum planning committee. At this meeting the committee is to develop a list of goals for the curriculum. The committee secretary should record each goal on a separate note card or slip of paper. After everyone has expressed their ideas, the cards can be sorted and organized into a logical pattern by developmental areas or content areas, such as science, reading, or mathematics.

Note: Have students review the sample goals listed on page 320 of the Reference Book. Remind students that goals are long-range, realistic reflections of the philosophy that describe changes that can be observed.

As an alternative strategy, after the ideas are compiled, they can be formatted in a Word document and saved on a floppy disk or CD.

#3C ROLE PLAY/SIMULATION

(TEKS 1B, 1C)

Ask students to continue their simulation of a curriculum planning committee. Have the committee develop objectives for the curriculum. The objectives should be short-range goals. Obtain some curriculum plans from a variety of child care centers. Ask students to read and compare the goals and objectives listed by the child care centers to those developed by the class.

Note: Have students refer to the examples of objectives on page 320 of the Reference Book to clarify their understanding of the differences between goals and objectives.

Key Questions

- How do the goals and objectives created by the class compare to those of the child care centers?
- How do goals and objectives work together?
- Why is it important to establish goals and objectives as a planning committee?
- How do the children benefit from curriculum development (i.e., statement of philosophy, goals, and objectives)?

#4 CLASS DISCUSSION

(TEKS 4B, 5B, 7A, 7F)

Give students a copy of Teaching Aid 91, ***Techniques for Teaching Young Children***. Lead a class discussion on techniques for teaching young children. Ask students to share the techniques they have observed in child care centers during the semester (year). Ask students to add any additional techniques to their teaching aid list.

TA 91 Techniques for Teaching Young Children

Key Questions

- Why should a wide variety of teaching strategies be used?
- How can the effectiveness of the teaching strategies be determined?

#5 GROUP ACTIVITY

(TEKS 1C, 5C)

Give students a copy of Teaching Aid 92, ***Teaching Activity Card***. Explain that a teaching staff can develop a Teaching Activity card file system for a child care center. The card system could be based on the goals and objectives in the curriculum plan developed during the curriculum planning committee simulation. Provide index cards to each group. Instruct them to develop side one of a card based on the previously developed goals and objectives. Groups may work on developing side two of their cards, if time permits. Ask each group to elect a leader to share the group's ideas with the class.

TA 92 Teaching Activity Card

TA 93 Teaching Activity Card Template

TAKS WRITING

As an alternative strategy, create the Teaching Activity Card file system using Microsoft Office or a similar software program. Design an Activity Card template and save it in the Activity Card main folder. The teaching activities can be organized into subfolders according to subject matter. Teaching Aid 93, ***Teaching Activity Card Template***, provides a format example.

#6 VIDEOTAPE/WRITTEN EXERCISE

(TEKS 5B, 7F)

Have students view the video, *Schedules and Routines: Why Bother?*, or a similar video. Obtain sample schedules from several child care centers. Have students review the schedules. Instruct students to write a paper

TAKS WRITING

analyzing some or all of the following factors:
- the differences and similarities of the different schedules
- why teachers need to make schedules
- why children need to know what to expect at the child care center

#7 OBSERVATION/GUEST SPEAKER

(TEKS 2A)

Arrange for students to attend a health and safety training workshop for child care providers. Or, invite a guest speaker who provides safety training talks to speak to the class. Following the observation or guest speaker, lead a class discussion regarding the frequency of training and amount of information that child care providers must receive in order for a center to be licensed. Ask students to write a paper evaluating the information provided.

#8 PANEL DISCUSSION

(TEKS 1B, 1C)

TAKS MATH

Invite a panel of child care directors to address the class on how they purchase, store, distribute, maintain, and replace materials and equipment. Ask the panel to discuss how much (percentage of the budget) it costs to provide supplies and equipment and how they prioritize needs. Have students brainstorm questions for the panel prior to the class.

#9 GUEST SPEAKERS

(TEKS 5B, 5C, 7E, 9A)

Have students invite parents/guardians to share cultural knowledge such as traditional stories or songs, demonstrate job skills, or unique talents. Parents/guardians could be involved in holiday celebrations, career exploration, or Show and Tell Days.

#10 WORKSHOPS

(TEKS 5B, 5C, 7E, 9A)

Have students design workshops for parents/guardians on meaningful topics based on their interests and needs. Some ideas for workshops include English language development for ESL parents/guardians, authoritarian discipline methods, sibling rivalry, age-appropriate nutritional needs, and community services/resources.

#11 GUEST SPEAKERS

(TEKS 5B, 5C, 7E, 9A)

TAKS SOCIAL STUDIES

Have students identify any adverse social factors that may affect the child care facility families (i.e., poor nutrition, abuse, homelessness, parental depression, violence and drugs). Invite parents to attend informal settings where experts address specific topics that provide parents/guardians with information to more effectively meet the needs of children exposed to these circumstances.

FCCLA

FCCLA ACTIVITY

- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 24

Facility Management

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3E Practice techniques that promote good health and safety in young children.

Chapter Vocabulary

boundaries
child/staff ratios
modified open-space design
open-space design
self-contained design
traffic flow

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Association for the Education of Young Children

Books

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Publication

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines.* (2000).

Web Sites

National Program for Playground Safety
www.uni.edu/playground

Play Kids
www.playkids.com

#1 CLASS DISCUSSION/GROUP ACTIVITY

Lead a class discussion on the needs that should be considered when planning outdoor space for a child care center. Include amount of space (minimum standards), types of activities, variety in surface textures, site location considerations, equipment to be used, and storage for the equipment near the place where it will be used.

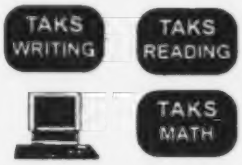
Divide the class into small groups. Instruct them to plan for outdoor space using a budget provided by the instructor. Have students select outdoor equipment using Early Childhood catalogs, department store catalogs, visits to local toy stores, and the Internet. After the equipment is purchased, have students design a visual display of the outdoor space. They may use graph paper, poster board, or a computer software program. Have students display their designs and provide a brief oral presentation.

As an alternative strategy, have students make selections for a new child care center that has forty children, ages two through five.

Key Questions

- How is age-appropriate equipment selected? On what criteria?
- How can the amount of equipment needed be determined?

(TEKS 1B, 1C, 1D, 2A, 2D, 3E)



#2 PROJECT

Have students take pictures or video the outdoor space at several local child care centers. Display the pictures or show the videos to the class. Ask students to determine which outdoor space is most adequate and the least adequate using the minimum standards guidelines. Have students brainstorm improvements that could be made to the one that is least adequate.

(TEKS 2A, 2D)

#3 GUEST SPEAKER

Invite a child care director to speak to the class on the methods used to check maintenance at a child care facility. Ask students to review the tasks that should be included on a maintenance calendar, page 343 of the Reference Book, to develop questions for the speaker prior to class.

(TEKS 2A, 2D)

Key Questions

- How often should each task listed on the maintenance calendar be done?
- Why is it important to maintain the facility?
- Where could a director get experience or assistance in maintaining a facility?

As a follow-up activity, divide the class into small groups. Have each group create a maintenance calendar for the year. Students should create schedules based on information provided by the guest speaker. Instruct students to be prepared to justify their decisions for scheduling certain tasks.

For instance, the cooling system inspection and service is planned for May – before the summer sets in and the cooling system is used at full capacity. This may help to avoid costly repairs.

#4 RESEARCH

(TEKS 1C, 3E)

TAKS READING TAKS WRITING

Have students use a telephone book to locate repair companies for the following:

- a heating system
- a cooling system
- a water heater
- an electrical system
- a roof
- plumbing
- paving/concrete
- insect control
- locks
- painting
- lumber repair fences
- garden supplies

Instruct students to develop a quick reference chart or a file card system with phone numbers, names, and addresses of maintenance companies for the child care center.

Key Questions

- Who could assist a director in selecting reliable repair firms?
- Why is maintenance a top priority?

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 25

Child Care Program Organization and Administration

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

2A Evaluate safety and sanitation standards in a child care setting.

12A Summarize the rights and responsibilities of employers and employees.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

accreditation
child care management
due process
fiscal
goals
implementation
market analysis
minimum standard
motivation
needs assessment
objectives
planning
provisional license
resources
revoke

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Association for the Education of Young Children

Books

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Publication

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines.* (2000).

Web Sites

National Association for Family Child Care
www.nafcc.org

National Association for the Education of Young Children
www.naeyc.org

#1 CLASS DISCUSSION

Have students review the Functions of Management model, Figure 25.1 in the Reference Book. Lead a class discussion on the role that communication plays in each of the other four functions. Instruct students to develop a model that illustrates how communication serves to connect the functions of planning, evaluating, organizing, and implementing. Tell students to use their imaginations and be creative. Allow any type of medium – students are not limited to paper and pencil.

Key Questions

- Which function would come first?
- Why is communication shown between the other four functions?

Notes

(For Safety Teaching Strategies, see Chapter 8)

(TEKS 1C)

#2 PANEL DISCUSSION/GRAPHIC ORGANIZER

Invite a panel of child care center directors from different types of organizations (sole proprietorship, partnership, and corporation) to speak about their administrative roles. Have students brainstorm a list of questions to ask the experts. After the discussion, instruct students to highlight the similarities and differences among the organizations using Teaching Aid 1, *Venn Diagram*.

(TEKS 1B, 1C, 1D, 12A, 12D)

TA 1 Venn Diagram

Key Questions

- How does the type of organization affect the paper work involved in operating the facility? the taxes to be paid? the financial liability requirements?

As an alternative strategy, invite the panel of directors to speak about their routine responsibilities. Have students brainstorm a list of questions to ask the experts.

- Are the routine responsibilities similar for all the directors?
- Do the responsibilities vary with the type of child care center being operated?
- What are some of a child care program director's responsibilities to the board of directors?

#3 GROUP ACTIVITY/PROJECT

Divide the class into small groups. Have each group plan both formal and informal evaluation tools that child care centers could use. Provide or have each group select one of the following categories: people, program, procedures, financial status, events, and records. Have each group develop one formal and one informal evaluation for the chosen category. Instruct each group to elect a leader to report the group's evaluation tools to the class.

(TEKS 1C)

#4 GRAPHIC ORGANIZERS/T-CHART

(TEKS 12A)

TA 94 Leadership Styles

TA 18 T-Chart Template

Ask students to write on a sheet of paper their definition of *leadership*. Have volunteer students share their definitions with the class and compare with the following definition: "Leadership is a way of influencing others to follow willingly."

Show students Teaching Aid 94, ***Leadership Styles***. Working in pairs or small groups, have students list advantages and disadvantages of each style of leadership shown on Teaching Aid 94. Have students use Teaching Aid 18, ***T-Chart Template***, for this exercise.

Key Question

- Which style best matches the definition? Why?

#5 VISUAL DISPLAY

(TEKS 1A, 1B, 12D)

Have students collect materials for an exhibit or other visual display showing where an individual or group could find assistance when starting a new child care program. Examples could include: State Licensing Standards, accreditation programs, information from the Small Business Administration, information from banks on financing, and information from insurance companies.

#6 RESEARCH/SURVEY

(TEKS 9A, 9B, 9C)

Provide students with some sample questionnaires. Discuss the strengths and weaknesses of the sample questionnaires (e.g., too wordy, too lengthy, not specific enough, good design). Ask students to review the list on page 354 in the Reference Book related to needs assessment. Divide the class into small groups. Instruct the groups to develop a sample survey to obtain the type of information found on page 354.

Key Questions

- What techniques can be used to get people to complete the survey?
- How would response rates vary from mailings? from distributing the questionnaire at various locations? from phone calls?
- What are some advantages and disadvantages to using the various types of information gathering methods: mailings, handing out at various locations, phone calls?

Students could use a T-chart to graph the advantages and disadvantages for each method.

#7 GAMES

(TEKS 1A, 1B)

Provide students with copies of the state child care licensing standards for your state. Ask students to read the sections of the standards that affect program planning. Divide the class into groups. Have each group develop a game, quiz, or puzzle that would teach other students the information

on the standards. Have the groups exchange their games, quizzes, or puzzles and critique them on effectiveness and accuracy.

#8 RESEARCH/WRITTEN EXERCISE

(TEKS 1A, 1B, 1C, 2A, 12D)

TAKS READING TAKS WRITING

Have students research accreditation as it applies to child care centers. Students may use classroom resources, library references, or the Internet to obtain information. After students have researched accreditation, have them interview directors at two local child care centers: one that is accredited and one that is not. Have students write a paper on their findings. Resources include the following Web sites:

- National Association for Family Child Care
  www.nafcc.org
- National Association for the Education of Young Children
  www.naeyc.org

Key Questions for Research

- What is accreditation?
- What is the process through which a program becomes accredited?
- What are the eligibility requirements?
- What does accreditation do for providers? families? communities?
- What is the monetary cost for accreditation?

Key Questions for Child Care Center Directors

- How did you decide whether or not to become accredited?
- In what ways do you feel your center is affected by its accreditation status?
- Is it your impression that parents/guardians look for accredited programs? On what do you base your assumption?

FCCLA ACTIVITIES

FCCLA

- Leaders at Work
- Dynamic Leadership
- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care; Entrepreneurship
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 26

Food Service Management

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
1C Demonstrate effective management skills.
1D Identify the chain of command and responsibilities of each employee.
2A Evaluate safety and sanitation standards in a child care setting.
2D Summarize environmental conditions appropriate for a child care setting.
3E Practice techniques that promote good health and safety in young children.
6A Determine the role of following food guidelines in promoting children's health.
6B Plan attractive nutritious snacks and meals.
6C Demonstrate safe and sanitary food handling practices.
6D Propose dietary modifications for special diet needs.
6E Develop strategies for creating a relaxed mealtime routine.

Chapter Vocabulary

anemia
ascorbic acid
B vitamins
cafeteria service
calories
carbohydrates
cycle menus
Dietary Reference Intakes (DRI)
empty calories
family service
fats
Food Guide Pyramid
Food Guide Pyramid for Young Children
menus
minerals
nutrients
plate service
protein
Recommended Daily Allowances (RDA)
Vitamin A
Vitamin C
Vitamin D
vitamin deficiency
vitamins
water

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Association for the Education of Young Children

Texas Education Agency

U.S. Department of Agriculture

Books

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Publication

Texas Department of Protective and Regulatory Services:

- *Texas Day-care Center Minimum Standards and Guidelines.* (2000).

Web Sites

Food Safety
www.wvu.edu/~exten

National Association for the Education of Young Children
www.naeyc.org

National Association for Family Child Care
www.nafcc.org

Nutrition Cafe
www.exhibits.pacsci.org/nutrition/
click on "More nutrition info..."

New Mexico Cooperative Extension Service
www.cahe.nmsu.edu/ces

Texas Cooperative Extension Service
texasextension.tamu.edu or *fcs.tamu.edu*

#1 CLASS DISCUSSION/INTERVIEW

Ask students to review the Texas minimum standards for regulations (available on-line at *www.tdprs.state.tx.us*) regarding food service in child care centers. Lead a class discussion on the standards.

Key Questions

- What percentage of a child's daily nutritional needs should be provided by the child care center if the child is there for eight hours per day?
- What recommendations are made regarding the storage and handling of food?

Ask students to consider the child care center director's duties and responsibilities in managing the food service for the facility. Have students work with a partner to develop a list of the director's duties and responsibilities.

Using the developed list, have students generate interview questions for a child care center director. Sample interview questions include the following:

- If outside sources provide funds for food purchase, what types of guidelines are followed?
- How is the food budget determined? What percentage is designated for snacks?
- What types of provisions are made for cultural food preferences?
- Are provisions made for special dietary needs? (i.e., diabetics)
- How do you insure that children drink adequate amounts of water?
- Who helps you with the menu planning, budgeting, and purchasing?
- What are some guidelines you use in purchasing food? storing food?

Assign students to interview a child care center director using the list of questions. Following the interview, instruct students to compare their original list of duties and responsibilities with the facts given in the interview. Have students write a summary of their findings.

#2 VISUAL DISPLAY

Provide each student with a copy of Teaching Aid 95, ***The Essential Nutrients***. Divide the class into small groups. Instruct students to complete the Teaching Aid. Have students refer to the Reference Book and other resources to locate information to complete the chart.

Using information documented on Teaching Aid 95, have students create a visual presentation of the chart (e.g., poster board, brochure, or pamphlet). A desktop publishing software program could be used in designing the display. Instruct students to locate pictures of foods that illustrate the essential nutrients to add to their visual presentation. Provide students an opportunity to display their work.

Notes

(TEKS 1B, 1C, 2A, 2D, 3E, 6A, 6B, 6C, 6D, 6E)

TAKS READING TAKS WRITING TAKS SCIENCE TAKS MATH

(TEKS 6A, 6B, 6C)

TA 95 The Essential Nutrients

TAKS READING TAKS WRITING TAKS SCIENCE TAKS MATH

#3 GROUP ACTIVITY

(TEKS 6A, 6B, 6C, 6D, 6E)

TA 96 Eating Healthy with Ethnic Foods

TAKS SOCIAL STUDIES | TAKS READING | TAKS WRITING

Ask students to review sample menu plans from several child care centers and highlight any cultural or ethnic foods. Have students review Teaching Aid 96, ***Eating Healthy with Ethnic Food***. Lead a class discussion on enhancing cultural food choices in the child care center. Divide the class into groups. Instruct groups to create an activity to encourage cultural food choices. Have students share activities with the class.

Key Questions

- How can parent involvement enhance cultural food choices?
- How does having food choices give children positive feelings about individual differences and food preferences?

#4 RESEARCH/ORAL PRESENTATION

(TEKS 2A, 2D, 3E, 6A, 6B, 6C, 6D, 6E)

TAKS READING | TAKS WRITING | TAKS SCIENCE

Divide the class into three groups to research proper food storage techniques. Assign one group to study dry (shelf) storage, one group to study refrigerator storage, and one group to study freezer storage. Students might use classroom materials, library resources, or the Internet to find detailed storage information. Ask each group to elect a leader to report to the class when the assignment is completed. The reports should contain the following information:

- proper storage temperatures
- methods of rotation of food items
- maximum length of storage items for different food items
- methods for keeping track of the inventory

Reports could either be written, oral, or both.

#5 BROCHURE/GROUP ACTIVITY

(TEKS 2A, 2D, 3E, 6A, 6B, 6C, 6D, 6E)

TAKS READING | TAKS WRITING | TAKS SCIENCE

Lead a class discussion on the importance of promptly and properly storing leftover food as soon as the meal is over. Have students review sanitation practices listed on page 371 of the Reference Book. Point out the danger zones for bacterial growth.

Key Questions

- What is the maximum amount of time food can safely be kept warm?
- What is the maximum amount of time uncooked ground meat or poultry can be safely stored?
- Does freezing stop growth of all bacteria?
- What is the proper storage temperature for raw ground meat that will be used within three days?

Have students work in pairs or in small groups. Instruct students to design an informational brochure or pamphlet on the storing of leftover foods that will be provided for parents/guardians. Display the brochures or pamphlets in the class.

#6 LABORATORY EXPERIENCE

(TEKS 6E)

Have each student create a learning activity for preschoolers that would help them learn good mealtime practices. For example, have preschoolers cut out food pictures showing good nutrition and paste them on a paper plate to "eat." Another example is to give each child paper plates, and plastic forks, spoons, and cups and have them practice arranging them on placemats. Have students use and evaluate their activities with preschoolers, if possible.

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care; Entrepreneurship
- Leaders at Work
- Dynamic Leadership
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 27

Financial Management

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Chapter Vocabulary

auto insurance
break-even analysis
budget
contributions
deductions
fire legal liability
general journal
general liability insurance
gross wages
in-kind contribution
justifications
monthly financial statement
net wages
operating budget
personal injury liability insurance
proposal
start-up budget
transaction
tuition fees
voucher system

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Association for the Education of Young Children

Texas Education Agency

U.S. Department of Agriculture

Books

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Publications

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Regulation of Certain Facilities, Homes, and Agencies that Provide Child-care Services. Chapter 42.*

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Centers Minimum Standards and Guidelines.* (2000).

(Guidelines for other programs are listed in the Resource section).

Web Sites

National Association for the Education of Young Children
www.naeyc.org

National Association for Family Child Care
www.nafcc.org

#1 PROBLEM SOLVING/SIMULATION

Lead a class discussion on the amount of fee revenue it takes to operate a child care center for fifty children assuming that fees would be the only source of funding. Divide the class into small groups. Provide each group with a copy of Teaching Aid 97, ***Sample Budget Format***. Have students complete the Teaching Aid considering salaries for personnel, rent, utilities, equipment, costs of supplies, maintenance of equipment, and a reasonable profit for the owner. Have students share their analysis with the class.

Key Questions

- Why should some of the costs be prorated over a period of time?
- How many employees are needed in order to meet minimum licensing standards?
- How much space would be needed in order to meet minimum licensing standards?
- What would be a reasonable amount of profit for the owner?

Notes

(TEKS 1B, 1C, 1D)

TA 97 Sample Budget Format

TAKS MATH

#2 RESEARCH/GROUP ACTIVITY

(TEKS 1B, 1C, 1D)

TAKS READING TAKS WRITING TAKS MATH

Lead a class discussion on how to identify sources of funding and the steps that would be involved in obtaining funding from a government agency or a charitable organization for a child care center. Divide the class into small groups. Have groups research funding sources using classroom materials, library resources, or the Internet. Students could identify funding through charitable organizations, government agencies, or private industry. Instruct students to use note cards to document the funding source, a contact address or E-mail address, and a brief summary of the program. Have students compile their findings as a start-up file for funding sources.

Examples of sources include the following:

- Aid to Families with Dependent Children (AFDC) – also referred to as welfare
- Child Care and Development Fund (CCDF)
- Head Start/Early Head Start Programs
- Early Childhood Program
- Brighter Futures Program
- Family and Social Security Administration
- United States Department of Agriculture (USDA) – source for meal/food funding

Variations:

Internet Search

- Using a search engine, such as "Google," have students perform a search for funding sources using such key words as ["funding" + "child care program" + "US Government"] and ["funding" + "child care program" + Texas (or state of choice)].

Students might also visit the *Frequently Asked Questions: Funding Opportunities for Child Care Programs* Web site to obtain a list of funding sources. This site is available at *www.nccic.org*

• Provide students with Web sites to visit for funding information, such as:

The Enterprise Foundation
www.enterprisefoundation.org
Child Development Education Alliance
www.cdealliance.org
Texas Workforce: Boards and Network Partner
www.texasworkforce.org/

#3 PANEL DISCUSSION/WRITTEN EXERCISE

(TEKS 1B, 1C, 1D)

TAKS WRITING TAKS MATH

Invite a panel of directors from child care centers that are funded by charitable organizations, government agencies, or private industry to speak to the class and describe the processes they used to obtain funding, the method of payments used by the various entities, and the type of record keeping that the funding source requires. Ask students to develop appropriate questions prior to the visit. Have students write a summary of the key points in the presentation for future reference.

As an alternative strategy, if a panel is not feasible, invite an educator from a local college or university who specializes in Early Childhood Education and Care to speak with the class about types of funding and funding sources for child care centers, or a representative from the Department of Human Services. Ask the speaker to describe the processes used to obtain funding, the method of payments used by the various entities, and the type of record keeping that the funding source requires. Ask students to develop appropriate questions prior to the visit. Have students write a summary of the key points in the presentation for future reference.

#4 PROBLEM SOLVING

(TEKS 1B, 1C, 1D)

TAKS MATH

Divide the class into groups to investigate various methods of financial record keeping used by local child care centers. Ask students to obtain examples of various type forms, including computer software programs, that are used. Have each group elect a leader to report orally in class.

As an alternative teaching strategy, arrange for a demonstration of computer software for financial management.

Key Questions

- What advantages does a computer system offer?
- How simple is the system to learn and use?
- How easy is it to generate statements?
- What, if any, disadvantages might there be in using a computer system for financial management?

#5 GUEST SPEAKER

(TEKS 1B, 1C, 1D)

Invite an accounting teacher to lead a class discussion and demonstrate a single-entry bookkeeping system. Ask the teacher to use examples of a general journal, a general ledger, an income ledger, a payroll ledger, receipts, statements, invoices, and other records that must be kept. If the teacher uses computer software programs or spreadsheets for the bookkeeping system, ask that a demonstration be given.

TA 98 Sample Ledger Sheets

TAKS MATH

Prepare students for the demonstration by having them become familiar with the examples of simple ledger sheets included on Teaching Aid 98, ***Sample Ledger Sheets***. An example of the general ledger is given in Figure 27.1 of the Reference Book.

Key Questions

- Which type of entry is made daily?
- Which record is divided into accounts?
- Which ledger has a separate account for each family with a child enrolled?
- Which ledger has a separate account for each employee?

#6 INDIVIDUAL ACTIVITY

(TEKS 1B, 1C, 1D)

Provide each student with blank payroll ledger sheets, charts from the IRS on Federal Income Tax Withholding, State Income Tax Withholding (if applicable), Social Security (FICA), and blank checks with stubs appropriate for payroll. Work through a staff payroll with students in class by using the steps on Teaching Aid 99, ***Computing Payroll***.

TA 99 Computing Payroll

TAKS MATH

#7 GROUP ACTIVITY

(TEKS 1B, 1C, 1D)

Divide the class into small groups, and ask each group to act as a planning committee for a new child care program. Let the students decide what kind of program they would like to start. Have the students conduct research to develop a start-up budget and a one year operating budget for this new program. Provide time in class for students to present their plans and budgets.

TAKS READING TAKS WRITING TAKS MATH

Start up budgets might include:

- cost of purchasing existing building or construction on a new building
- funding sources
- advertisement costs
- utilities
- furnishings
- indoor teaching materials/toys and equipment
- personnel hiring and training
- food

- outdoor equipment
- company transportation (bus) and related costs
- licensing/accreditation fees
- liability insurance

Operating budgets might include:

- income – tuition, registration fees, outside funding
- rent
- utilities
- insurance
- licensing/accreditation fees
- transportation and related costs
- salaries
- food
- equipment maintenance

Key Questions

- What would be the major differences in a nonprofit program's operating budget and the operating budget for a program that needs to make a profit?
- Why would the start-up budgets for the two be more similar than the operating budgets?

#8 INTERVIEW

(TEKS 1B, 1C, 1D)

TAKS WRITING

Have students brainstorm questions to ask child care center directors about types of insurance coverage (i.e., liability, health, facility). Ask students who work at a child care center to interview the director. Students who are not employed could conduct telephone interviews with directors of other centers. Compile a chart showing the types of liability coverage carried by various centers and the costs of each type.

Key Questions

- Where are the similarities in types of coverage for the various types of centers?
- How does the type of program and amount of risk influence the type of liability needed?
- What liability regulations are stipulated by the Texas Legislature?

#9 CASE STUDY

(TEKS 1B, 1C, 1D)

TA 100 Case Study

Have students read the story on Teaching Aid 100, ***Case Study***. Lead students to discuss the two solutions presented.

Key Questions

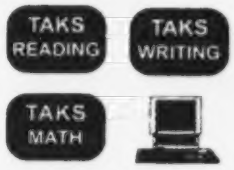
- What impact did the decision of each director have on the employees? on the children? on the program as a whole?
- Which director do you feel made the wisest decision? Why?

Key Questions, Continued

- From this example, what might be a suggestion for approaching a cost cutting situation?

#10 SIMULATION

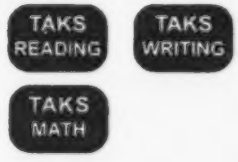
(TEKS 1B, 1C, 1D)



Have students research references and interview child care program directors for ideas and tips on controlling costs. The goal should be for the students to become "experts" on cost control. In class, have these students hold a "press conference" in which they answer questions given by other members of the class. As a follow-up activity, have students prepare a handbook or fact sheet on ways to control costs in child care centers.

#11 LABORATORY EXPERIENCE

(TEKS 1B, 1C, 1D)



Arrange for students to participate in registering a child for full services in a child care center. Have the students complete an application; determine the cost per week, per month, per year; and determine cost from enrollment date to enrollment date of public school. Have students share their experiences with the class.

FCCLA ACTIVITIES

- STAR Events: Focus on Children; Occupational Child Care; Entrepreneurship
- Leaders at Work
- Dynamic Leadership
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

Chapter 28

Parent, Community, and Professional Relationships

Chapter Focus

The following Essential Knowledge and Skills are addressed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Chapter Vocabulary

home visit
individual parent conferences
networking
orientation session
parent meetings
public relations

RESOURCES

Agencies and Organizations

National Association for the Education of Young Children

Texas Education Agency

Books

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Publications

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Regulation of Certain Facilities, Homes, and Agencies that Provide Child-care Services. Chapter 42.*

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Centers Minimum Standards and Guidelines.* (2000).

Web Sites

Association for Childhood Education International
www.aceo.org

Child Welfare League of America
www.cwla.org

National Association of Child Care Professionals
www.naccp.org

National Association for the Education of Young Children
www.naeyc.org

National Black Child Development Institute
www.nbcdi.org

National Network for Child Care
www.nncc.org

#1 NEEDS ASSESSMENT/SURVEY

Notes

(TEKS 1B, 1C, 1D)

TAKS WRITING TAKS READING

Divide the class into two groups. Ask each group to conduct an informal survey of child care programs and parents/guardians. Have one group develop a list of questions to find out from a child care program (director or teachers) how parents/guardians are involved in that program. Have the second group develop a list of questions to find out ways that parents/guardians are involved in their child's program and what things they like to do.

Sample involvement activities might include the following:

- provide refreshments for parent meetings
- supervise children on a playground
- volunteer clerical skills
- build or assemble playground equipment
- help with fund-raisers
- assist in the classroom
- offer free consultation services

Surveys can be conducted in person, by phone, or by mail. Have the students analyze and compare the results of the two surveys.
As a follow up activity, instruct students to create a brochure for parents/guardians to inform them of ways they can be involved in the program. This could be a brochure that provides for parents/guardians to commit to a particular activity by checking an area, signing the form, and sending it back to the director.

Key Questions

- Why is it important to have parent/guardian involvement in a child care program?
- How are parents' and directors' perceptions about parent involvement alike and different? **Note**: Students might use T-charts to illustrate this.
- Based on the results of the parent survey, what suggestions could you give a director to improve parent involvement?

#2 WRITTEN EXERCISE/CLASS DISCUSSION

(TEKS 1B, 1C, 1D)

TAKS WRITING

Lead a class discussion on the cultural makeup of the community and how it influences the child care program. Have students journal or write a self-reflection paper that addresses some of the following key questions. Instruct students to summarize the journal/paper by stating ways in which they, as child care center directors, might address some of the possible cultural issues, such as differences in language.

Key Questions

- What various cultures are represented in your community?
- What different languages are spoken?

Key Questions, continued

- What difficulties arise when child care workers cannot understand the primary language of children's families?
- How can these difficulties be addressed?
- What other aspects of child care operations are influenced by cultural diversity?

#3 BRAINSTORMING

(TEKS 1B, 1C, 1D)

TA 101 Guidelines for Smooth Relations

Lead a brainstorming session in which students provide guidelines for smooth parent/guardian and child care center relations. Give students a copy of Teaching Aid 101, ***Guidelines for Smooth Relations***. Compare the student list with the Teaching Aid list. Discuss any of the guidelines not provided in the student list.

Key Questions

- What attitudes or values about parents/guardians are communicated in these guidelines?
- How does making the parents/guardians feel welcome help them communicate more effectively?
- Do you feel that encouraging parents/guardians to visit or call the center at any time is disruptive for the children?
- How can a program director let parents/guardians know that their suggestions and comments are appreciated?

#4 ROLE PLAY

(TEKS 1B, 1C, 1D)

Have students review the tips for dealing with complaints from parents/guardians on pages 388-389 of the Reference Book. Divide the class into four groups. Have each group role play one of the following complaints:

- A parent's complaint about too much sugar in snacks
- The poor communication between early and late shift caregivers
- The lack of outside play materials
- The need for more interesting activities for school-age children

As an alternative strategy, divide the class into small groups. Have each group create and perform a role play that demonstrates effective handling of parent/guardian and caregiver differences.

#5 BRAINSTORMING

(TEKS 1B, 1C, 1D)

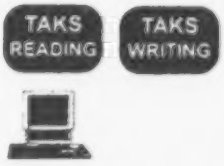
Divide the class into small groups. Lead the groups to brainstorm ways to involve community volunteers in a child care program. Provide each group with newsprint, poster board, or overhead transparencies and markers to record their ideas and to use in class sharing. Ask each group to elect a leader to share the group's ideas with the class.

As a follow up activity, have groups prepare a set of guidelines for recruiting and utilizing volunteers in the child care program.

Key Questions
- How could volunteers be recruited?
- What kind of training would need to be provided for volunteers?
- Who would manage the volunteers?

#6 GROUP ACTIVITY

(TEKS 1B, 1C, 1D)



Divide the class into small groups to list different types of advertising that might be used to promote a child care program. Have each group select, research, and prepare advertising in one of the following areas: a brochure describing a child care program, a radio advertising spot or series of spots, a speech that could be presented to service organizations or other groups, a newsletter, a Web page on the Internet, and a question/answer interview for television. Have each group present their final product to the class and explain why they chose that type of advertising.

#7 GUEST SPEAKER

(TEKS 1B, 1C, 1D)

Invite a representative from a professional organization in the area of child care to share information about the organization with the class. Ask the speaker to focus on aspects of the organization which provide information to child care professionals. Have students write a summary report following the presentation.

#8 RESEARCH/ORAL PRESENTATION

(TEKS 1B, 1C, 1D)

Ask each student to select and research one of the professional organizations associated with young children. Students should find out about the organization's purpose, philosophy, membership requirements, fees, publications, and meetings. Have students give class reports on the organization they researched. If possible, students might obtain and distribute pamphlets or fliers and professional journals from the organization.

Examples of organizations that could be selected include:
- Association for Childhood Education International
  www.aceo.org
- Child Welfare League of America
  www.cwla.org
- National Association of Child Care Professionals
  www.naccp.org
- National Association for the Education of Young Children
  www.naeyc.org
- National Black Child Development Institute
  www.nbcdi.org
- National Network for Child Care: Child Development Associate National Credentialing Program
  www.nncc.org.Evaluation/cdasu.html

For more Internet links go to the National Child Care Information Center Web site at *www.nccic.org*

In addition to these national organizations, there are many state and local organizations that could be investigated.

Key Questions

- How have working conditions for child care professionals been improved through the input of these groups?
- Which of the organizations provide job placement services or job opening announcements?
- How do the organizations provide continuing education to members through conferences, workshops, newsletters, journals or magazines?
- What additional services are provided?

#9 EVALUATION

(TEKS 1B, 1C, 1D)

TAKS WRITING

Arrange for students to attend a training workshop or meeting sponsored by one of the professional or community organizations associated with child care. Ask students to write an evaluation report of the meeting.

Key Questions

- What networking opportunities were provided at the meeting?
- What new ideas and information were gained by attending the meeting?
- How could the workshop/meeting help in professional development?

FCCLA

FCCLA ACTIVITIES

- STAR Events: Illustrated Talk; Focus on Children; Occupational Child Care; Entrepreneurship
- Leaders at Work
- Dynamic Leadership
- Additional FCCLA activity ideas for this chapter are included in the **Blended Activities** section.

BLENDED ACTIVITIES

WRITING A MAGAZINE: A TEEN'S VIEW

Chapters 1, 2, 4, 23, 24, 25, 26

Have students create a short magazine marketable to teens who are considering a career in the field of early childhood education. Topics may include: required levels of education, future career demands, attractions of the career, quotes from people in the field, and responsibilities connected to the chosen position.

Have students write and organize a variety of items, such as articles, stories, essays, cartoons, letters, ads, poems, and charts. Although the students may choose to use more, the required minimum for the magazine is listed:

- one chart or graph
- one cartoon
- a World Wide Web address related to the major topic
- an ad created by the students that relate to the career field
- one poem/rap/or short story

The magazine should fill five, 8-1/2 x 11" pages. The first page is the magazine cover. The remaining pages will be a combination of the criteria listed above, plus any additional items students want to include. Have students use the library, class materials, and Internet for resources.

Charts, graphs, and cartoons may be duplicated, however stories and poems must be the students' own creation. Students may not copy and paste copies of articles. These may be retyped using desktop publishing or a typewriter, or neatly printed. All articles must be referenced – to copy without providing the source is plagiarism.

Magazines will be graded on neatness, completeness, variety of articles, and depth of information.

Donna Pugh, Levelland High School

SCAVENGER HUNT

Chapters 3, 4, 6, 7, 8, 9, 16, 26

This activity is designed to help develop skills used in searching and resourcing the Internet using a planned project. Instruct students to use search engines of their choice to find items or resources that can be used in early childhood education. Items can be printed out or saved to a floppy disk or CD. Refer to the Program Tools section of this Curriculum Guide for a list of recommended search engines.

Ideas for items to include in the search:

- professional organization
- source for information concerning child abuse and neglect
- diseases found in group child care settings/schools
- shaken baby syndrome information

- picture of outdoor equipment
- picture of age-appropriate food
- source of information for child immunization
- picture of musical instrument toy to use in learning center

Note: This activity can be paper-based by using library/classroom resources, such as magazines, journals, and textbooks. Students might create an informational binder, poster, or collage.

LOVE TAGS FOR CHILDREN

Chapters 5, 13, 14, 15, 19, 20, 21

TA 103a-b Master List: Love Tags

Have students create "love tags" from colored construction paper using the master list provided. Invite students to create some of their own love tags to add to the list. Use different shapes for the love tags to differentiate between the development areas or to create interest (e.g., hearts, diamonds, circles, triangles). The development areas include self concept, family relationships, physical/self-help activities, affective/emotional, social, and language/cognition. The love tags may be pinned to the child's clothing using a small safety pin. Teaching Aids 103a-b, ***Master List: Love Tags***, provide examples for this strategy.

On the first day of incorporating the love tags, send a letter of explanation to the parent/guardian. An example of an introductory letter that can be duplicated is provided.

Dear Parent/Guardian:

Starting today, your child will come home wearing a "Love Tag" each day. The Love Tag will suggest something for you to do with your child, or something your child would tell you if she/he could put it into words. Love Tags may suggest "give me two kisses today" or perhaps "you are my first and most important teacher." The Love Tags will be sent home with your child each weekday through the end of the regular school year.

You may want to save the Love Tags for grandparents, or aunts and uncles to use with your child. You may even want to save the Love Tags to use again—one a day—during summer vacation. Also, you might wish to let your child choose a saved one from a container to be used during the weekend.

Very few of the Love Tags will be inappropriate for your child, however, if you think one is, feel free to change it to make it right. Also, in the event that your day is busy and there is no time for the Love Tag, please save it for another day. Preparing these Love Tags has been fun for me – it is my hope that you enjoy them too.

Sincerely,
Teacher
School

Carolyn McMahan, Amarillo High School

MENU PLANNING

Have students review the State standards or minimum requirements for nutrition. Have students review Teaching Aid 39, ***Food Guide Pyramid for Young Children***. Have students view the following statement for discussion (statement can be written on the chalkboard, a transparency, or a handout): "Nutrition requirements are effective only if the children actually eat the food that is prepared." Give students a copy of Teaching Aid 104, ***Guide to the Amounts of Food for Different Age Groups***. Compare guide to the children's food guide pyramid.

Key Questions

- What types of information from both guides are needed for menu planning?
- How can Teaching Aid 104 help in planning menus for children?

Have students refer to Teaching Aid 105, ***Plan for Your Young Child...The Pyramid Way***. Instruct students to plan menus for one week for a child care center serving a breakfast, morning snack, lunch, and an afternoon snack to three- through five-year olds.

Note: Remind students to take into account the child's dinner when planning. For example, there should be some pyramids left blank every day to accommodate the evening meal. Filling in all the blanks will mean that the child is getting too many calories.

Variations: Divide the class into small groups. Have groups draw an age group for menu planning (i.e., 1-3; 3-6; 6-12).
Divide the class into groups. Have groups design one menu for each age group. Ask students to document the differences between the three planned menus based on the recommended food quantities available from the children's food guide pyramid.

Key Questions

- How do the menus reflect a balance of foods from the basic food groups?
- How does the food planned appeal to children of this age group?
- What techniques can be used to make food more appealing to children?
- Why would it be important for parents to have a copy of the weekly menu?

Resources

Healthy School Meals Resource System
schoolmeals.nal.usda.gov

Meyer, L. (December 2001). Appropriate diet for age. Diseases & Conditions. Retrieved from the World Wide Web December 18, 2001 on the Discovery.com Web site.
health.discovery.com/diseasesandcond/encyclopedia/1872.html

Chapters 6, 11, 19, 25, 26

TA 39 Food Guide Pyramid for Children

TA 104 Guide to the Amounts of Food for Different Age Groups

TA 105 Plan for Your Young Child...The Pyramid Way

Chapters 6, 16, 24, 25, 26

PROJECT-BASED LEARNING

Have students design a child care facility. Divide the class into small groups. Each group will consist of different professionals who will work together in designing the facility. Obtain current copies of the minimum standards and guidelines from the Texas Department of Protective and Regulatory Services. Instruct students to follow these guidelines in designing the facility. Students may use classified ads, field trips, and interviews for gathering information.

A list of the professionals and the factors to be considered include:

Real estate agent:

- price of the land/building
  - location – convenient, attractive, safe area, near public transportation, easy to locate but off busy streets, stable neighborhood, in close proximity to a well-kept and safe park/shopping center
  - use an existing building or build a new one
- for existing buildings:
  - kitchen in place? remodeling needed?
  - number of existing toilets? restroom accommodations in place for children?
  - ramps/wide doorways for wheelchair access?

Architect

- minimum floor space, guidelines on indoor space
- design concepts – self-contained design, open-space design, or modified open-space design
- remodeling needs on an existing building – kitchen area, toilet areas, sleeping areas, eating areas
- develop floor plans to present to director and teacher
- storage areas

Child care center director

- serves as facilitator for the center – this is your facility, so you must work with every professional to ensure you get what you want, need, and can afford
- ensure that all minimum standards guidelines are adhered to
- gather information for licensing and accreditation – cost, procedures, documentation
- has the final say in all negotiations

Teacher

- works with the director in checking adherence to minimum standards
- serves as an assistant to the director in working with the other professionals
- works directly with the architect on indoor design concepts
- works directly with the interior designer on boundaries and learning areas

Interior designer

- prepares suggestions for creating low cost, attractive boundaries to divide space
- works with teacher to design activity areas (large, small, and individual)
- determines traffic flow between learning centers
- researches colors and their affects on human emotions
- creates a palette of possible interior colors and suggestions for their use

Each professional will document the steps they took in the design, factors that were considered (e.g., minimum standards guidelines), negotiations that took place with the director, and the final product. Documents (including drawings, graphs, visuals) will be organized in a three-ring binder for grading.

Note: This may be used as an end of the semester project, or may be condensed and focused on only a few of the aspects (i.e., director, teacher, and interior designer creating the indoor space with colors, learning activities, boundaries, and space requirements).

Variation: Have students prepare a brief presentation on their location and design for the class.

SCENARIOS

Chapters 6, 19, 20, 22

Divide the class into small groups. Instruct groups to write scenarios involving guidance strategies for promoting positive behavior in children. Have groups trade scenarios so that the authors do not have their own. Have groups provide one or two guidance methods for each scenario. After all scenarios have been evaluated, have groups share their guidance strategies.

Examples of scenario themes:

- A small group of preschool girls interrupt Story Time every day by turning their backs to the group and noisily playing among themselves.
- A clique of girls has formed in your kindergarten class. Girls who are "in" are phoned the night before the week starts to let others know what colors are to be worn the next day. Girls who are not phoned are left feeling ostracized by the "in group." A mother phones to report that her daughter is lately feigning illness so that she does not have to attend school.
- Child Care Center rules regarding behavior were set at the beginning of the year with the children's input. About two months into the year, several new children have joined the center and the rules are being broken on a regular basis.
- A child with Down's Syndrome is scheduled to join the child care center (or preschool, or kindergarten, or public school) in a few weeks. There is no other child with this disability at the school. Knowing how curious children are about those who are different from themselves, explain how you will prepare the children.

- You are supervising children in outdoor play when you overhear one child tell another that they are not allowed to play because they are from a different ethnicity.

Resource:
Starting Small: Teaching Tolerance in Preschool and the Early Grades Teaching Kit.

Chapters 9, 26, 28

Poster Presentation

Discuss the rise in childhood obesity and the health problems associated with obesity. Have students work in pairs or in small groups. Instruct groups to design an informational poster to be used during Health Awareness Week or the Health Fair. Themes could include:

- Childhood Obesity: Management and Prevention
- Obesity and Health-related Disorders
- Follow the Children's Food Guide Pyramid for Healthy Eating
- Wise Food Choices + Exercise = Healthy Children
- Sample Menus for Child Care Facilities
- Childhood Obesity and the Child Care Provider: How You Can Help

Students might use classroom materials, library resources, or the Internet to obtain information.

Key Questions

- What factors contribute to childhood obesity?
- What health risks are linked to obesity?
- Why should caregivers be concerned with childhood obesity?
- What steps can caregivers take to help children in making wise food choices?
- How does childhood obesity affect self-concept?

Resources: Internet Web sites
Articles available at CNN.com
www.cnn.com/Health/diet.fitness
in the "search for articles" box, type in "childhood obesity"
Center for Disease Control and Prevention
www.cdc.gov/health/obesity.htm
MEDLINEplus: Health Information
links to articles at *www.nlm.nih.gov/medlineplus/obesity.html*
USDA Center for Nutrition Policy and Promotion
www.usda.gov/cnpp/

Articles, tips, and ideas on health, home, history, pets, travel, food, kids, science, gardening, religion, entertainment at Children: Health and Safety:
www.allsands.com/Kids/Health

LEARNING EXPERIENCES FOR CHILDREN

Chapters 11, 16, 17, 18, 19, 20, 21

This project is designed to provide students with practical experience in planning and developing learning experiences for children. Students may work with one or two partners. Grading criteria include:

- researching a selected subject matter area (learning experience for children),
- preparing a lesson plan on the selected subject matter area using researched information,
- conducting a 10-15 minute teaching experience where the student guides class members in the prepared lesson,
- preparing a one-page, typed guide sheet that will be copied and distributed to all class members prior to the student's classroom teaching experience,
- locating a lesson on the Internet that could be used in the chosen specific subject matter area,
- and, along with the Internet lesson, request some sort of materials be sent to the student through the United States Postal Service–for example, a lesson from NASA or from the Extension Service.

To prepare the learning experience, the student will draw two types of information: a subject matter area and a children group–these are listed below. In conducting the research for the learning experiences, have students use the Essential Questions and Chapter Highlights found in the Reference Book. This will ensure that students are covering all of the appropriate information. Students should be selective in the information that is included, as well as, thorough in covering the topics. Finally, students should be creative and give great presentations.

Format the guide sheet in the following manner:

- Use an outline format
- Print in black and white for ease of photocopying
- Check grammar and spelling – this will be part of your grade
- Use the title, "Guiding _____ Experiences"
- Include a byline

Have students present their lesson plans to the class. A copy of the lesson plan should be provided to the teacher in advance of the presentation. The guide sheet should be distributed and reviewed with the class. Each student should guide the class through the prepared 10-15 minute lesson. Students should remember that whatever is planned is what will be taught. There should be no last minute changes.

Subject Matter Areas:

Art	Math	Social Studies
Computer/Technology	Food	Quiet Time
Music and Movement	Storytelling	Science
Daily Routines	Language Arts	Dramatic Play
Manipulative Play	Science	

Children Groups:

Infants	Toddlers
Preschoolers	Children with special needs

Chapters 11,17, 18, 19, 20, 21, 22, 23

TA 70 Sample Well-Balanced Schedules

TA 71 Daily Schedules: Planning the Sequence of Events

SCHEDULES AND ROUTINES PROJECT

Have students view the video, *Schedules and Routines: Why Bother*, or some similar video. Provide students with copies of Teaching Aid 70, ***Sample Well-Balanced Schedules***. Lead a class discussion on the differences in the schedules for toddlers and preschoolers.

Key Questions

- Why is it important for teachers to consider the children's developmental needs when planning the daily schedule?
- What are the needs of school-aged children?
- How will their needs affect the daily schedule of a child care center?

Give each student a copy of Teaching Aid 71, ***Daily Schedules: Planning the Sequence of Events***. Supply two or three daily schedules from various child care centers or download samples from the KinderCare Web site. Divide the class into small groups. Have each group create "A Day in the Life Of . . ." schedule from the viewpoint of a child care center director or teacher. Tell students that they will have a mix of ages – infants, toddlers, preschoolers, kindergartners, and school-aged. The schedules should reflect the developmental needs of the children; for instance, toddlers require a more structured routine than do school-aged children. Instruct students to include the types of activities in which the children will be participating; such as, in the teacher directed activity learning center the preschoolers will be making paper bag puppets.

Provide class time for groups to share their schedules. The schedules may be created on poster board, a PowerPoint presentation, or some other type of visual presentation.

Resource: Internet Web site
KinderCare at *www.kindercare.com*
Go to "Programs"
Choose from the age category: Infants, Toddlers, Preschoolers, Kindergartners, School-Agers by clicking on the category.
Go to "A Day in the Life"

Chapters 11, 16, 17, 18, 19, 20, 21, 22

TA 106 Getting Acquainted

TA 107 15-Minute Observation

TA 108 Journal Entry

LABORATORY ASSIGNMENTS

Have students complete any or all of the laboratory assignments found on the following observations:
Teaching Aid 106, ***Getting Acquainted***;
Teaching Aid 107, ***15-Minute Observation***, and
Teaching Aid 108, ***Journal Entry***.

Ask student volunteers to share their findings.

Donna Pugh, Levelland High School

GRAB 'N' GO KITS

Chapters 16, 19, 20, 21

Have students prepare Grab 'N' Go Kits that can be used at early childhood education lab sites. Have students create databases to include in the kits (a database is a card box full of activities to use in a variety of early childhood settings). The kits can be plastic tote boxes that contain a database and supplies for activities. Examples of supplies include:

- paper plates, paper cups
- glue sticks
- scissors
- tape
- markers
- colored pencils
- toilet paper rolls/paper towel rolls
- construction paper
- feathers
- pipe cleaners
- paper sacks
- baby food jars
- plastic trays
- pens/pencils

Following is an example of an activity to include in a Grab 'N' Go Kit:

MATH: COTTON BALL DROP

Objective: The child will match quantities with corresponding number

Supplies:

- 10 paper cups, labeled 1-10
- tray or bowl of cotton balls
- work surface

Performance Levels:

Beginning	Child recognizes numerals on cups.
Intermediate	Child places correct number of cotton balls in each cup.
Advanced	Child combines two cups, counting out the sum of cotton balls.

Teaching Procedure:

1. Arrange the cups from one through ten.
2. Ask child to identify the numbers on each cup.
3. Have child count out the number of cotton balls that go into each cup.
4. Ask child to drop the cotton balls into the cup.
5. Ask child to stack two cups of cotton balls (this creates an addition problem).
6. Have child remove the cotton balls from the two cups. Ask child to add together the cotton balls by counting out the sum. Review the addition process (e.g., 10 + 2 = 12).

Donna Pugh, Levelland High School

Chapters 16, 20, 21, 23

INTERNET SEARCH

Integrate the Internet with curriculum. Have students provide an Internet site of the day or month. The Web sites can incorporate holidays and other days set aside for special observance. Have students take turns providing Web sites. The Web site address and a printout of the splash page can be compiled onto floppy disks, CDs, or into an album.

Variation: For special observances that last an entire month, have students provide additional Web sites that provide games, projects, and foods related to the celebration. Divide the class into small groups, and have each group demonstrate a game, project, or related food.

For a complete listing of Holidays go to the *Earth Calendar 2001*
www.earthcalendar.net/countries/2001/USA.html

The Family Crafts Web site search enables students to search holidays (such as "Columbus Day") and receive fun project ideas to help celebrate.
craftsforkids.about.com

Search categories available on Holidays on the Net Web site
www.holidays.net

Other sample holidays and related URLs include:

- April Fools Day available
  www.computingcorner.com/holidays/aprilfool/aprilfool.htm
- Arbor Day - The National Arbor Day Foundation
  www.arborday.org/arborday
- Seuss Lorax Earth Day Introduction
  www.randomhouse.com/seussville/titles/lorax/
- International Literacy Day information from the International Reading Association
  www.reading.org/meetings/ild
- Mexican Day of the Dead Celebration
  www.public.iastate.edu/~rjsalvad/scmfaq/muertos.html

Chapters 16, 21

GUEST SPEAKER

Invite a guest who knows sign language to visit the class and teach the students some salutations, common phrases, names of items, or simple songs. As a follow up activity, arrange for students to visit a child care center or preschool and teach what they have learned to the children. Have student teachers write reflections of their experiences.

Key Questions

- How willing were the children to learn the sign language?
- How does knowing sign language help develop children's respect for diversity?
- How does knowing sign language promote self-esteem?

PARTY PLANNING

Chapters 16, 22, 23, 26, 27, 28

Have students choose a day and plan an open house activity for parents/guardians and other guests. Have students work in groups of four. Ideas for party themes include Christmas/Channuka/Kwanzaa/Ramadan; Valentine's Day, St. Patrick's Day, Easter/Easter Egg Hunt; Cinco de Mayo, and End of School. Activities to be managed may include:

- planning the food to be served;
- planning one cooking activity;
- planning one game that involves dividing the children into groups using special name tags;
- planning the room decorations;
- planning for paperware (i.e., plastic utensils, paper cups, paper plates);
- optional: planning a handmade gift for the guests.

Students should involve children in the cooking activity, the room decorating, and serving the guests.

Provide students with a reasonable budget from which to buy supplies. Have students make lists for the following:

- food ingredients and supplies;
- baking/cooking equipment and supplies;
- room decoration supplies; and
- supplies for handmade gifts, special name tags.

Have students visit stores to obtain the approximate costs of supplies. Using these prices, have students develop a costs/expenditure budget.

Linda Jennings, Burges High School, El Paso

RIGHTS AND RESPONSIBILITIES T-CHART

Chapters 19, 20, 21, 22

TA 109 Children's Rights and Responsibilities

Have students draft a classroom constitution on rules of conduct appropriate for use in a child care setting. Have students use a T-Chart to identify children's rights and responsibilities. Teaching Aid 109, ***Children's Rights and Responsibilities***, can be used as transparency or handout. Lead a discussion on having the children brainstorm rights and responsibilities.

Key Question

- How does the children's input on the rights and responsibilities help in enforcing the constitution?

Resources:

Starting Small: Teaching Tolerance in Preschool and the Early Grades Teaching Kit

Positive Discipline = Positive Children (videotape available from The Curriculum Center for Family and Consumer Sciences).

Chapters 16, 18, 19, 20, 21, 22

TA 110 Project List

COURSE PROJECTS FOR SECOND-YEAR STUDENTS

Note: These projects have been specifically designed for second year students, but could be adapted for first year students. The course requirements are designed to further develop and strengthen the students' professional skills. Often in the lab, second year students serve as an aide to the teacher. Consequently, a part of their total grade may be a combination of the following areas, all of which are important when working in the laboratory setting.

The areas of concentration are directed to the student:

1. Attentiveness: Are you aware of things that are going on around you? If a child begins to make loud noises and a teacher is not around, go and see what is wrong.
2. Enthusiasm: Are you speaking in a positive and pleasant tone of voice? Think about how you like to be spoken to, and listen to yourself.
3. Facial expressions: Does your face have a pleasant expression? No one should ever frown in this class.
4. Knowledge: Do you have some ideas about the types of projects for the lab, or do you have to continuously ask someone to help since you "don't know what to do?" There is a difference in asking for help with a particular idea, and saying that you don't know what to do.
5. New ideas: Projects that were used last year are not acceptable for grade. There are many books and magazines available with ideas that have not been tried here.
6. Organization: Do you have your projects ready when they are scheduled? Always have your project ready on the day it is assigned.
7. Variety: Do you plan a variety of projects, or are they always art, cooking, or working with a partner? Some of the projects should be completed with a partner, while some of them should be completed individually.

Another part of your grade will be based on projects and activities you are required to do for the entire year. You are required to complete three different projects for every six weeks.

Teaching Aid 110, ***Project List***, provides a list of projects that can be completed. It is also directed to the student.

Sandee Gentry, Coronado High School, El Paso
Linda Jennings, Burges High School, El Paso

BLENDED ACTIVITIES - FCCLA

CHAPTER ACTIVITIES	
Conduct a children's book drive or toy drive to collect books or toys for children at a local children's home, library, or child care center.	Chapters 15, 17, 18, 19, 20, 21
FCCLA members could participate in a fund-raising campaign, donating the profits to a program for children (child care center, afterschool care, library reading project). Members would be able to see how the money is utilized.	Chapters 15, 17, 18, 19, 20, 21, 27
Have FCCLA members plan a special event, such as Valentine's Day, for children in a child care facility, after school program, or children's home. Have students work with the child care staff to plan games, puppet shows, fingerplays, small and large muscle activities, and other activities for the children. If appropriate, have students plan and involve the children in preparing a nutritious snack.	Chapters 16, 18, 19, 20, 21, 22, 26
Have the chapter select one of the disabilities that prevents, delays, or interferes with a child's normal achievement and development. Types of disabilities include developmental, learning, sensory, physical, speech and language disorders, and behavioral (including giftedness). Have students educate the school, community, and parents/caregivers by producing newsletters, developing flyers and visual displays, or conducting a seminar about the early childhood educators' role in development of children with special needs.	Chapters 4, 21, 23, 27
COMMUNITY SERVICE	
Have FCCLA members volunteer to assist community organizations, such as a mentoring program or immunization program, with ongoing events.	Chapters 8, 9, 13, 14, 22, 28
DYNAMIC LEADERSHIP	
Have FCCLA members use the five-step planning process to design a project to benefit a local child care center, child activity center, or children's home. Projects could include an outdoor sandbox with cover, assisting children in creating a vegetable/flower garden, or making bird houses or nesting houses.	Chapters 3, 6, 18, 19, 20, 21, 23, 24
FAMILIES ACTING FOR COMMUNITY TRAFFIC SAFETY (FACTS)	
Have students conduct a Seat Belt Survey, give statistics on drunk driving accidents, or adopt a driver as Child Development community service projects. Students may sponsor a "Buckle Up" campaign or a school bus safety program for elementary or middle school students.	Chapters 8, 11, 28

Chapters 7, 8, 13, 14, 15, 17, 18, 19, 20, 21

FAMILIES FIRST, STAR EVENTS, OR STUDENT BODY

Invite a panel of experts (e.g., nurse, dietitian, child care director, Department of Human Services specialist, child life specialist, extension agent, early childhood teacher, law enforcement officer), to discuss strategies for optimizing the growth and development of children. Three or four experts are substantial for one panel. This strategy could be used as a series of panels or as a seminar or workshop for other students, parents, and the community. Students could develop flyers, newspaper articles, and visual displays to publicize the event.

Chapters 1, 2, 3

CAREER CONNECTION

Have students use the FCCLA Career Connection publication available from FCCLA National Headquarters, to explore careers and how to manage multiple roles. Members can receive recognition for their participation.

Chapters 1, 2, 3, 28

POWER OF ONE: WORKING ON WORKING

Have students take an educational tour to talk to a social worker, child life specialist, cooperative extension service representative (family and consumer sciences), or child care director. Students could then research careers in early childhood education professions. Have students discuss qualifications, rewards, and demands of careers in early childhood education professions.

Chapters 15, 16, 17, 18, 19, 28

READY, SET, READ

Have students plan and implement the reading project for young children. Parents and family members of the young children could be involved in the literacy efforts as well.

Chapters 5, 16, 23

STAR EVENTS: APPLIED TECHNOLOGY

Have students investigate software programs that facilitate learning at different age groups. Students may choose to interview child care center directors, early childhood education instructors, educational media distributors, or computer sales representatives who are knowledgeable of such programs. Students can compile an information file or software program list that includes summaries of the information they gathered.

Chapters 5, 8, 16, 17, 18, 19, 20, 21

STAR EVENTS: FOCUS ON CHILDREN

Ideas for topics include "Promoting Child Development Through Play," "Technology and Media - Safeguards to Prevent Misuse and Abuse," "Bicycle Safety," and "Strategies for Optimizing the Development of Children with Special Needs."

STAR EVENTS: FOCUS ON CHILDREN

Ideas for topics include "Decision-making Skills When Selecting Quality Child Care," "Selection of Age-appropriate Toys and Equipment," and "Health and Safety Procedures in Child Care."

Chapters 1, 9, 17, 18, 19, 20, 21, 26

STAR EVENTS: ENTREPRENEURSHIP

Have students design a child care facility where they develop a mission statement; write job descriptions for employees and owners, listing qualifications needed, write a want-ad for employees; do a cost analysis; and research sources for purchasing equipment, materials, and other supplies.

Chapters 1, 4, 23, 24, 25, 26, 27, 28

Creative Ideas

NOTE TO THE TEACHER

Developers of the series of curriculum guides for implementing Texas Essential Knowledge and Skills for Family and Consumer Sciences Education faced a twofold challenge: (1) to write instructional strategies that enable students to acquire the stated essential knowledge and skills and (2) to help teachers deliver the strategies in ways that promote active learning, relevance, and retention in students.

After a great deal of experimenting and discussing, the following system seems best to address the twofold challenge, while providing maximum flexibility for you, the teacher, whom we consider the ultimate instructional expert in your classroom.

- The nature of the content of family and consumer sciences provides wonderful opportunities for hands-on, relevant learning by students, and in many cases the instructional strategies themselves facilitate active learning.
- Teaching and learning activities in the instructional strategies section have been presented as briefly as possible. For instance, the strategy may state "Have students work in groups to ...," but no specific suggestions for grouping students are provided.
- The **Creative Ideas** section has been included to provide you with suggestions and examples of ways to enhance some basic techniques included in the **Instructional Strategies** section. For example, it does provide several specific suggestions for grouping students.
- The **Blended Activities** section promotes student learning of multiple chapters through hands-on, project-based, and/or problem-solving activities.
- Integration of FCCLA activities as appropriate throughout the instructional strategies and blended activities promotes student learning through relevance and application.

We strongly encourage you to:

- Read this section! Not only will it provide ideas for promoting active learning, but it will provide additional suggestions for saving teacher time and enhancing student learning and skills development.
- Link appropriate creative teaching techniques to specific instructional strategies in your Curriculum Guide.
- Adapt the instructional strategies and creative teaching techniques to fit your district needs, the needs and learning styles of your students, and your own teaching style.
- Add to this section! Resources that offer creative teaching ideas are readily available. Professional development conferences continually offer sessions that promote active learning, authentic assessment, varied learning styles, etc.

This section provides only a small sampling of creative ideas for teaching techniques!

Creative Ideas

GROUP ACTIVITY/TEAMWORK

When to use: In activities where teamwork facilitates generation of ideas and higher-order learning. Working in groups also meets needs of students with global learning styles.

Skills reinforcement: Teamwork and leadership skills, communication skills, interpersonal skills

Methods of grouping students:
There are many methods of randomly assigning students to groups. Several examples are provided below. You can pick up other ideas through brainstorming, networking, and personal participation in group activities. (Note that methods will vary depending on the number you want in each group.) Dividing students into groups can be a quick way to inject some fun into an activity.

- Count Off. Have students count off 1 through however many groups are needed, repeating until all students have a number. Select a location for all "1s" to work, all "2s", etc.
  Variation - write the numbers on cards, and have students draw.
- Geography.
  - For pairing students, have them draw cards with names of states and capitals. Students find the classmate with the matching state or capital.
  - Have students draw from cards with names representing geography sets, such as names of continents, oceans, countries, rivers, etc. Students will need to figure out what their name represents and find the others with cards in the same set.
- Course content. (Similar to the above activity, except using concepts from the course.)
  - For pairing students, have them draw cards listing either elements and principles of design or corresponding definitions. Students find the classmate to match the term and definition.
  - Have students draw from cards representing nutrition sets, such as foods from different food groups. Students find others with cards in the same set.
- Famous Fictional Characters. Have students draw cards with names of characters from literature they have recently studied in Language Arts, famous fictional characters (such as characters from Peter Pan or The Wizard of Oz), well-known television shows, etc.
- Puzzles. Purchase or create puzzles, mix up the pieces, and have students find group members with matching puzzle pieces. Hint - if you have puzzles with more pieces than needed for group members, pull out the number of pieces needed for students to draw, leave the remaining pieces on the table where the group will meet, and have students circulate among tables until they find their correct puzzle and meet up with other group members.
- Deck of Cards. A deck of cards (or multiple decks) can be used in many ways to form various sizes of groups. Students can form groups based on suits, colors, face cards, or combinations (such as a full house or four-of-a-kind).
- Candy Flavors. Have students group according to flavors of candy or colors, for example, M&Ms. This provides students with a nice treat also!
- Self-selection. Allow students to select their own group members. Have students group with students nearby or find students with whom they have not recently worked.

Suggestions for Effective Group Activities:

The size, structure, and function of a group will differ depending on specific objectives of the activity. Following are a few suggestions for helping students work most effectively in groups.

- Clarify expectations. Make sure all group members know what is expected of each person individually and what the group is expected to accomplish as a whole.
- Set time limits. Let groups know up-front how long they will have to work. If it is a lengthy activity, provide time checks periodically. Let groups know when they have one to two minutes remaining, and signal when time is up. Examples of signals include flipping a light switch, clapping, using a sound signal (bell, kazoo, train whistle, etc.), or playing music.
- Make individual assignments where appropriate to the activity. Possibilities include leader or facilitator, recorder, timekeeper, or runner.
- Emphasize the importance of each member's contributions, through participation, encouragement, focus on the task, and contribution to the final product. Build in individual accountability.

Build in individual accountability:

When participating in engaging, active learning experiences, it is important that students understand that they are accountable for learning. It may be tempting for students, when working in groups, watching a video, or listening to a guest speaker, to view the experience more as a "fun activity" than as a learning experience. While the experiences are intended to be enjoyable, students need to understand that the underlying purpose is to enable them to acquire essential knowledge and skills.

Following are suggestions for building individual student accountability into group and teamwork activities, as well as classroom discussions, videotape viewing, guest speakers, educational tours, etc.

- Set the stage for learning. Frame each activity within the context of essential knowledge and skills students are expected to acquire. In other words, help them upfront to see the relevance of learning activities.
- Structure the group to promote accountability. For example, each student within the group could be assigned a specific role. Or each member might be responsible for a specific part of the product. Provide a means of assessing each student's effectiveness.
- Vary the methods through which students report group findings and results. For example, if there is one "reporter," other group members may not feel as accountable as that designee. If, however, the teacher randomly calls on group members for reports, all members will need to be prepared. Provide an occasional variance by having group members return to their desks and write individual accounts of group results.

It should not be necessary to implement such suggestions for every activity. By varying the process, randomly calling on groups or individuals, occasionally requiring written accounts, etc., the teacher sends the message that students are individually accountable and need to be involved and attentive.

Creative Ideas

RESOURCE PERSONS (GUEST SPEAKER/PANEL DISCUSSION)

When to use: Good for providing information not readily available in textbooks, information that is new, or that which is best presented in a "real-world" perspective. With new information becoming available so rapidly, this method offers unique opportunities to provide students with the latest perspectives. It also provides students with opportunities to hear information straight from "experts," promoting credibility and relevance to students.

Skills reinforcement: This method provides rich opportunities for promoting a variety of skills. The following suggestions provide students excellent practice for improving and applying verbal, nonverbal, written, and electronic communication skills. Rotate these responsibilities throughout the semester so various students have an opportunity to perform different tasks. (The following suggestions can also save the teacher much time!)

- Have students help make initial contacts with the guest speaker or panel participants. Let students practice or role play making contacts via telephone or in person. Work with them to initiate and follow through on actual contacts.
- Have students introduce the topic and guests. Guide students in writing appropriate introductions for speakers or panel members. Make sure students are prepared to make the actual introduction before the presentation.
- Have one or more students write each participant a thank-you note expressing appreciation from the class. You may suggest that the note be handwritten, and point out the appropriateness of personalized, handwritten thank-you notes. Or students may utilize computer applications to compose the note. Have students create a class letterhead for correspondence.

Suggestions for maximizing guest resources. Teachers have expressed that it is time-consuming to arrange for several guest speakers or panels each semester and that they do not want to call upon the same persons frequently. Use student participation as suggested above to save teacher time. Use technology to expand access to resource persons and to build a resource file for future reuse.

- Videotape the classroom presentation by the speaker/panelists. The videotape can be viewed by students who may have been absent and can be added to a resource file for use with later classes. This eliminates the need to arrange for several "live" presentations each semester. This is especially critical in small communities where the same "experts" would likely be called upon time after time.
- Utilize videoconferencing facilities to connect students in the classroom with the speaker/panelists in another location. Record the videoconference for review and reuse. This can be especially helpful in small communities where resource persons for various topics may not be available.
- Videotape or audiotape the resource persons at their locations, or audiotape (with permission) responses to information inquiries over the telephone.
  Alternative: Have students conduct audiotaped interviews to solicit information and present the information in the format of a television newscast or documentary.

Creative Ideas

ORGANIZING AND PRESENTING INFORMATION: VISUAL DISPLAYS, BROCHURES/FLYERS, PRESENTATIONS

When to use: As students research and collect varied information, these techniques enable them creatively to compile and organize; to share information with classmates and potentially other audiences.

Skills reinforcement: Depending on how the activity is structured - communication skills (verbal, nonverbal, written, electronic); teamwork and leadership skills; interpersonal skills; management and problem-solving skills; organizational skills.

Suggestions for effective visual displays and presentations:

- Incorporate the use of computers and technology applications where appropriate.
- Choose techniques that fit learning objectives; in some cases, that might best be students in groups writing ideas on large sheets of paper to be posted around the room. Or it may be a multimedia presentation to be presented at an all-school assembly.
- Some activities may best be done individually; some by groups. Consider learning objectives, as well as learning styles of students.
- Visual displays and presentations provide an opportunity for authentic assessment of student learning on a topic.
- Allow students to generate ideas for organizing and presenting information.
- Where feasible and appropriate, keep outstanding student products for future use.

Miscellaneous ideas for organizing and presenting information:

- listing of ideas on large sheets of paper
- display of items (i.e., sewing notions for clothing repair)
- graffiti mural where students take markers and share key points learned
- bulletin board
- overhead transparency
- *large index cards for recording information from research, interviews, observations, and bibliographic information from printed references
- *graphic organizers for effectively organizing ideas and research findings
- brochure/booklet describing information about a topic; Teaching Aids 31a-b, ***Brochure Assessment***, provide a tool for evaluating the effectiveness of a brochure
- flyer/circular promoting key points related to a topic
- bookmark citing useful information about a topic
- newsletter
- oral presentation (vary through skit, monologue, or puppet presentation)
- written presentation
- poster presentation (sharing research findings)
- videotape presentation
- photo album or display
- multimedia presentation utilizing a combination of print and electronic media

* Detailed suggestions for compiling and organizing information are included in Appendices G and H of Independent Study in Home Economics Education, available from The Curriculum Center for Family and Consumer Sciences. An example of a web diagram is shown in Teaching Aid 111, ***Web Diagram***. Two additional examples of graphic organizers include Teaching Aid 1, ***Venn Diagram***, and Teaching Aid 18, ***T-Chart Template***.

Creative Ideas

CASE STUDIES AND SCENARIOS

When to use: As a tactful way to address sensitive issues. Allows students to express their views and examine the views of others in a non-judgmental manner around hypothetical, fictional situations.

Skills reinforcement: Problem-solving; creative and critical thinking; verbal, nonverbal, and written communication skills; leadership and teamwork skills.

Case studies and scenarios are very similar in nature, and the terms are often used interchangeably. Both describe hypothetical circumstances and characters, and both set up a situation for analysis and application of problem-solving skills. As presented in this instructional guide, a case study provides more details about a specific situation and each character involved. A scenario is a brief synopsis of a set of circumstances or sequence of events.

Suggestions regarding case studies and scenarios:

- Where case studies or scenarios have been provided with the instructional strategy, read them to be sure they are appropriate for your instructional environment and local district policies. You may choose to adapt them or have students write new ones.
- Writing original case studies or scenarios is a good opportunity for students to create situations related to the topic that are most relevant to them. The writing experience also develops communication skills and provides TAKS reinforcement.
- Remind students that case studies and scenarios should be written as fictional.
- Newspaper articles and periodicals, such as parenting and family magazines, can provide stimulating ideas for case studies and scenarios.
- Case studies and scenarios can be presented in creative formats, such as that of an advice column or an "Ask an Expert" column.
- Use case studies and scenarios written by students to build a resource file for future use.

Creative Ideas

LISTENING TEAMS

When to use: To promote attentiveness during presentations by guest speakers or panels, videotapes, observation assignments, or other viewing/listening activities. Requires students to listen specifically for certain points or ideas.

Skills reinforcement: Communication skills, especially listening; leadership and teamwork.

Suggestions for effective use of listening teams:
Prior to a presentation, lecture, or videotape, divide the class into listening teams. Give each team a specific assignment or role, so they will know up-front what they need to listen for. Let students know they will be responsible afterwards for reporting to the class, in writing or orally, the results of their assignment. Examples of listening team assignments or roles include the following:

- Provide students with a list of topics to be covered. Assign each team one or more specific topic(s) for which to listen during the presentation. Have them summarize key points related to their assigned topic following the presentation.
- Have each listening team write questions related to an assigned topic prior to the presentation. Students must listen during the presentation for answers to questions they wrote.
- Assign each team a specific role during the presentation. For example, one team might prepare questions based on information presented, another might summarize the five most important points, another might identify issues for further discussion or clarification, etc.

DEBATE

When to use: When there are two sides to an issue – pros and cons, advantages and disadvantages, etc. Debate promotes critical thinking and requires students to research, look at all sides of an issue, and draw conclusions.

Skills reinforcement: Communication skills; critical thinking skills; research skills.

Clarification and suggestions related to classroom debates are provided in Teaching Aid 76, ***Guidelines for a Classroom Debate***.

Creative Ideas

BRAINSTORMING

When to use: When you want students quickly to generate as many ideas as possible about a topic; to get ideas "on the table" before discussing or analyzing them. Useful when you want to begin with students' ideas or understanding about a topic.

Skills reinforcement: Communication skills.

Suggestions for effective brainstorming:
Create an environment where students feel free to let ideas flow freely. The brainstorming process is not the time for discussing or critiquing input.

Brainstorming variations:

- Have a student volunteer record ideas as they are generated by members of the class.
- Have students work in small groups to brainstorm ideas on a topic. Lead groups to take turns sharing ideas.
- Have individuals brainstorm ideas by writing them on small post-it notes. Then have students post the notes around the room. This works well when ideas later need to be categorized.
- Popcorn Planning: Have students think of themselves as part of a giant popcorn popper; have them jump up and share ideas as they come. Serve popcorn at the close of the lesson. (Idea from Janis P. Meeks, *Time to Teach* series.)

GAMES

When to use: Good when students need to learn or review facts and details. Provides a fun way to commit details to memory and practice recalling.

Skills reinforcement: Communication skills; interpersonal skills; games involving team competition promote leadership and teamwork skills.

Suggestions for games:
Instructions for a Jeopardy game are provided in Teaching Aid 112, ***"Jeopardy" Game Instructions***. Ask students to suggest other game formats they would enjoy using, and let them develop the games and make up a clever title for each game. Writing clear instructions and verbally explaining them will be excellent practice of communications skills. The process of preparing questions or facts to be used in the game will require researching and reviewing content information, thus promoting learning.

INTERNET ACTIVITIES

When to use: In locating new, updated information; to enhance or replace information provided by references and textbooks, which may be outdated.

Skills reinforcement: Communication skills (written and electronic); research skills.

The Internet provides hands-on opportunities for students to research information through a medium with which most of them are familiar. Following are miscellaneous suggestions related to creative use of the Internet in instruction:

- The convenience of Internet access will vary among school districts. Your students may have access to the Internet in various classrooms, in a computer lab or library, or in many of their homes. Assignments related to Internet research should be structured accordingly.
- Student skills in exploring the Internet will also vary (as will skills of teachers). You may want to invite a resource person to assist students with the first assignment involving Internet search, or plan an educational tour to a computer lab where students can conduct the assignment under supervision of someone with Internet expertise.
- Review common Internet terminology, such as terms defined on Teaching Aid 113, ***Internet Terminology.***
- Provide students with guidelines regarding Internet use and safety. Some accepted rules of conduct for Internet users are provided in Teaching Aid 114, ***Netiquette***. A video that focuses on Internet use and safety is *Online Safety*, available from The Curriculum Center for Family and Consumer Sciences.
- If the majority of students are not experienced in using the Internet, begin by assigning a specific Web site for them to visit for information related to a specific topic. Have students summarize key information learned from the Web site. If the site has hyperlinks, ask students to check them out to see what additional information the sites lead to. Have students use Teaching Aid 57, ***Web Site Evaluation***, to record the information.
- As students become more experienced, have them conduct Web searches, using available Web browsers or search engines. Refer to the list of search engines for Internet Activities located in the Program Tools section of this Curriculum Guide. When students conduct Web searches, remind them to:
  - note what key words were used, most especially those that worked to locate information
  - take notes about the topic they are researching, and print out information as appropriate (Have students be sure to note on any printouts the Web address of the source. This is important for bibliographic reference and to be able to return to the site later for clarification or further information.)
- It is also helpful to diagram the path of a Web search. Begin the diagram with the name and Web address of the browser used to search. Plot the name and Web address of each location along the path of the search. This will facilitate relocation of informative sites in the future.
- Use the expertise of students to teach other students, and even the teacher, Internet skills!
- Internet Scavenger Hunts are designed to help develop skills used in searching and resourcing the Internet using a planned project. An example of an Internet Scavenger Hunt is located in the Blended Activities section of this Curriculum Guide.
- A WebQuest is an inquiry-oriented activity in which most or all of the information used by learners is drawn from the Web. WebQuests are designed to use learners' time well, to focus on using information rather than looking for it, and to support learners' thinking at the levels of

analysis, synthesis, and evaluation. The WebQuest Page at San Diego State University provides templates, instructions, and examples (*webquest.sdsu.edu/webquest.html*).

- The electronic portfolio is a vehicle for collecting and presenting evidence of growth and achievement over time. Students enrolled in Early Childhood Education and Care are encouraged to select examples of their work that exhibit the student's efforts, progress, and achievements. Teaching Aid 15, ***Differentiating the Levels of Electronic Portfolio Implementation***, provides examples of programs that may be used for electronic portfolio development.

  What to include:
  Title Card – Student name, year, teacher name. This card might include a picture or video of the student.
  Table of Contents Card – This card shows the viewer the contents of the portfolio. Buttons can be added to the card to link the viewer to the desired information.
  Information Cards, ideas include the following:
  - resumé
  - personal philosophy regarding child care, including child development and guidance; this can be written or recorded
  - photo of student in professional dress
  - sample of handwriting (scanned)
  - evidence of positive interpersonal skills including teamwork and leadership presented through photos; film clips; letter of reference from program directors, instructors, and coaches
  - learning journals
  - computer projects (these can be linked directly)
  - class projects demonstrating various areas of learning within the child care profession

  Letter to Viewer – the student can write a letter to the viewers, thanking them for looking at the portfolio and pointing out the portfolio's highlights.
  Viewer Response Card – After looking at the portfolio, the teacher and other viewers can write comments to the student.

Resource: *Electronic Portfolios* by Tammy Worcester available at *www.essdack.org/port/index.html*

LET STUDENTS HELP!

When to use: To promote student involvement, provide an opportunity for skills development, capitalize on student skills and creativity, and save the teacher time! Also, since each teacher has a preferred learning style, involving students broadens the types of learning experiences to meet the needs of students with learning styles that differ from those of the teacher.

Skills development: Provides a multitude of opportunities for promoting various skills, including communication (verbal, nonverbal, written, and electronic); teamwork and leadership; interpersonal; management and problem-solving; organizational.

The following are just a sampling of ideas for student involvement in planning and implementing instructional experiences. Be sure to work with students to prepare them to perform each task successfully. This may entail practicing or role playing situations in advance. And, of course, supervise students to ensure appropriateness and accuracy of information gathered.
Examples of tasks students can perform include the following:

- Make contacts to arrange for guest speakers or panelists.
- Help with classroom correspondence; for example, write thank-you notes to guest speakers, persons who helped with learning tours, and other supporters of class projects and activities.
- Write for information on topics or products. (Provide students with resource lists, or have them help conduct Web searches to locate sources of information on topics.)
- Audiotape or videotape interviews on location with resource persons.
- Videotape segments of movies or television shows illustrating relevant concepts.
- Provide CDs/songs that relate to the lesson (to be played in opening or closing a lesson, or to emphasize a specific point – good for global learners!).
- Perform Web searches.
- Clip newspaper articles relevant to lessons. (Create an "In the News" resource file for ongoing use.)
- Collect examples of items to reinforce classroom learning, such as food labels, appliance use and care manuals, clothing labels, credit card terms and solicitation letters, etc.
- Design bulletin boards.
- Help find cartoons, relevant or humorous quotes, anecdotes, and jokes relevant to topics.
- Develop games for use in learning or reviewing factual material.
- Write test or review questions on material covered.
- Develop project criteria and rubrics.

RESOURCES

Agencies and Organizations

American Academy of Pediatrics
141 Northwest Point Blvd.
P.O. Box 927
Elk Grove Village, IL 60009-0927
(847) 228-5005
www.aap.org

American Association of Family and Consumer Sciences (AAFCS)
1555 King Street
Alexandria, VA 22314-2738
(800) 424-8080
www.aafcs.org

American Dietetic Association
216 W. Jackson Blvd.
Chicago, IL 60606-6995
(312) 899-0400
www.eatright.org

Association for Childhood Education International (ACEI)
17904 Georgia Avenue, Suite 215
Olney, MD 20832
(301) 570-2111
www.acei.org

Child Care Aware
1319 F Street, NW Suite 810
Washington, DC 20004
(800) 424-2246
www.childcareaware.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

The Council for Exceptional Children
1110 N. Glebe Road, Suite 300
Arlington, VA 22201
(800) 232-7733
www.cec.sped.org

CultureGrams
333 South 520 West, Suite 360
Lindon, UT 84042
(800) 528-6279
www.culturegrams.com

The Curriculum Center for Family and Consumer Sciences (formerly Home Economics Curriculum Center)
Texas Tech University
Box 41161
Lubbock, TX 79409-1161
(806) 742-3029
www.hs.ttu.edu/ccfcs

Families and Work Institute
267 Fifth Avenue, 2nd Floor
New York, NY 10016
(212) 465-2044
www.familiesandwork.org

Family, Career, and Community Leaders of America, Inc. (formerly Future Homemakers of America, Inc.)
1910 Association Drive
Reston, VA 22091-1584
(703) 476-4900
www.fcclainc.org

Focus on Exceptional Children
Love Publishing
P.O. Box 22353
Denver, CO 80222
(303) 221-7333

Food and Nutrition Information Center (FNIC), USDA
10301 Baltimore Avenue
Beltsville, MD 20705-2351
(301) 504-5719
www.nal.usda.gov/fnic

Future Homemakers of America, Inc. (changed to Family, Career, and Community Leaders of America, Inc.)
1910 Association Drive
Reston, VA 22091-1584
(800) 234-4425
www.fcclainc.org

Future Homemakers of America, Inc. (changed to Family, Career, and Community Leaders of America, Inc.)
Texas State Association
8140 Burnet Road
Austin, TX 78766
(512) 459-3269
www.texasfccla.org

Home Economics Curriculum Center (changed to The Curriculum Center for Family and Consumer Sciences)
Texas Tech University
Box 41161
Lubbock, TX 79409-1161
(806) 742-3029
www.hs.ttu.edu/ccfcs

Hogg Foundation for Mental Health
The University of Texas at Austin
P.O. Box 7998
Austin, TX 78713-7998
(512) 471-5041
hogg1.lac.utexas.edu

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
(888) 663-4637
www.modimes.org

Mental Health Association in Texas
8401 Shoal Creek Blvd.
Austin, TX 78757
(512) 454-3706
www.mhatexas.org

National Association for the Education of Young Children
1509 16th Street NW
Washington, DC 20036
(800) 424-2460
www.naeyc.org

National Council on Family Relations
3989 Central Avenue NE, Suite 550
Minneapolis, MN 55421
(888) 781-9331
www.ncfr.org

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
(301) 565-4167
www.health.gov/nhic

National Healthy Mothers, Healthy Babies Coalition
121 North Washington Street, Suite 300
Alexandria, VA 22314
(703) 836-6110
www.hmhb.org

National Program for Playground Safety
School of HPELS
University of Northern Iowa
Cedar Falls, IA 50614-0618
(800) 554-7529
www.uni.edu/playground

National Resource Center for Health and Safety in Child Care
UCHSC at Fitzsimons
PO Box 6508
Aurora, CO 80045-0508
(800) 598-5437
www.nrc.uchsc.edu

The Shaken Baby Alliance
P.O. Box 150734
Ft. Worth, TX 76108
(877) 636-3727
shakenbaby.com

Southern Early Childhood Education Association (SECA)
P.O. Box 55930
Little Rock, AR 72215-5930
(800) 305-7322
www.seca50.org

Texas Association for the Education of Young Children
818 E. 53rd Street
Austin, TX 78751
(512) 471-2392
www.texasaeyc.org

Texas Department of Health
1100 West 49th Street
Austin, TX 78756
(512) 458-7111
www.tdh.texas.gov

Texas Department of Human Services
701 W. 51st Street
Austin, TX 78751
(512) 438-3011
www.dhs.state.tx.us

Texas Department of Protective and Regulatory Services
P.O. Box 149030
Austin, TX 78714-9030
(512) 438-3011
www.tdprs.state.tx.us

Texas Education Agency, Family and Consumer Sciences Education
1701 N. Congress Avenue
Austin, TX 78701-1494
(512) 463-9311
www.tea.state.tx.us/Cate/fcs

Texas Work and Family Clearinghouse
101 E. 15th Street, Room 130T
Austin, TX 78778-0001
(512) 463-3659
www.twc.state.tx.us/svcs/workfamch/wfchp.html

Texas Young Lawyers Association
P.O. Box 12487, Capitol Station
Austin, TX 78711
(800) 204-2222
www.tyla.org

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov

U.S. Department of Health and Human Services
Health Resources and Service Administration Information Center
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
(888) 275-4772
www.ask.hrsa.gov

Video Placement Worldwide
25 2nd Street, N., Suite 180
St. Petersburg, FL 33702
(800) 358-5218
www.vpw.com

Books

Albrecht, K., and Plantz, M. (1993). *Developmentally Appropriate Practice in School-Age Care Programs.* Alexandria, VA: American Association of Family and Consumer Sciences Association.

Bredekamp, Sue, and Copple, Carol. (Eds.). (1997). *Developmentally Appropriate Practice in Early Childhood Programs.* Washington, DC: National Association for the Education of Young Children.

Bronson, Martha B. (1995). *The Right Stuff for Children Birth to 8: Selecting Play Materials to Support Development.* Washington, DC: National Association for the Education of Young Children.

Chen, Jie Qi. (Ed.). (1998). *Project Spectrum: Early Learning Activities.* Washington, DC: National Association for the Education of Young Children.

Click, Phyllis M. (2000). *Administration of Schools for Young Children* (5th Ed.). Albany, NY: Delmar.

Hearron, Patricia F., and Hildebrand, Verna. (2003). *Management of Child Development Centers.* New York, NY: Merrill Publishing Company.

Jackman, Hilda A. (2001). *Early Childhood Curriculum: A Child's Connection to the World* (2nd Ed.). Albany, NY: Delmar.

Marion, Marian. (1998). *Guidance of Young Children* (5th Ed.). New York, NY: Merrill/Prentice Hall.

Marotz, Lynn R., Cross, Marie Z., and Rush, Jeanettia M. (2001). *Health, Safety, and Nutrition for the Young Child* (5th Ed.). Albany, NY: Delmar.

Mayesky, Mary. (2002). *Creative Activities for Young Children* (7th Ed.). Albany, NY: Delmar.

Nelson, Linda S., and Nelson, Alan E. (2000). *Child Care Administration: Planning Quality Programs for Young Children.* Tinley Park, IL: Goodheart-Willcox Company, Inc.

Nilsen, Barbara A., and Albertalli, Gini. (2002). *Learning and Teaching: Infants Through Elementary Age Children.* Albany, NY: Delmar.

Olds, Anita Rui. (2000). *Child Care Design Guide.* New York, NY: McGraw-Hill.

Pozmantier, J. R. (2001). *The First Years: A Parent and Caregiver's Guide to Helping Children Learn.* Orlando, FL: DK Publishing.

Peterson, Evelyn A. (1996). *A Practical Guide to Early Childhood Planning, Methods, and Materials: The What, Why, and How of Lesson Plans.* Needham Heights, MA: Allyn and Bacon.

Sawyers, Janet K., and Rogers, Cosby S. (1990). *Helping Young Children Develop Through Play.* Washington, DC: National Association for the Education of Young Children.

Sayre, N., and Gallagher, J. (2001). *The Young Child and the Environment.* Needham Heights, MA: Allyn and Bacon.

Schickendanz, Judith A., Pergantis, Mary Lynn, Kanosky, Jan, Blaney, Annemarie, and Ottinger, Joan. (1997). *Curriculum in Early Childhood: A Resource Guide for Preschool and Kindergarten Teachers.* Needham Heights, MA: Allyn and Bacon.

Publications

Family, Career and Community Leaders of America (FCCLA). (1999). *Power of One.*

Family, Career and Community Leaders of America (FCCLA). (2002). *Get Connected (CD-ROM)* which includes: *Families First, Financial Fitness, Student Body, and FACTS.*

Future Homemakers of America, Inc. (1998). *Career Connection.*

Future Homemakers of America, Inc. (1999). *Leaders at Work.*

Home Economics Curriculum Center. (1992). *Effective Management of Multiple Roles: Family and Work.*

Home Economics Curriculum Center. (1997). *Skills for Life.*

Home Economics Curriculum Center (1999). Essentials for Home Economics Education: The Cornerstone.

- *Learning Styles and Learning Success– What Every Educator Should Know*
- *Managing Multiple Roles*
- *Teaching All Students in Home Economics Education: A Focus on Students with Special Needs*

Home Economics Curriculum Center. (1999). *Ready, Set, Read!*

National Association for the Education of Young Children (NAEYC), *Young Children.*

National Child Care Information Center, *Child Care Bulletin.*

National Resource Center for Health and Safety in Child Care, 2002. *Caring for Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home-Child Care Programs* (2nd Ed).

Newsweek, Spring/Summer, 1987. Your Child Newsweek Special Edition.

Texas Workforce Commission, Austin, TX. *Texas Child Care*, quarterly publication. The publication is appropriate for early childhood professionals, teachers, parents, and students. For past issues and subscriptions, contact:

Texas Child Care
P.O. Box 162881
Austin, TX 78716-2881
(512) 441-6633

The following articles from *Texas Child Care* are cited in the Teaching Strategies section:

- *Practical Approaches to Preschool Guidance. Vol. 17 (3). 1994.*
- *Guiding School-age Children. Vol. 18 (3). 1994.*
- *Back to Basics: How It Feels to Be a Baby. Vol. 20 (2). 1996.*

- *Back to Basics: How It Feels to Be a Toddler. Vol. 20 (3). 1996.*
- *Back to Basics: How It Feels to Be a Preschooler. Vol. 20 (4). 1997.*
- *Back to Basics: How It Feels to Be a School-age Child. Vol. 21 (1). 1997.*
- *Community Service and School-age Children: Time to Give Back. Vol. 21 (1). 1997.*
- *Back to Basics: Social Development. Vol. 21 (3). 1997.*
- *Back to Basics: Teaching Through Learning Centers. Vol. 22 (2). 1998.*
- *Positive Discipline: Six Strategies for Guiding Behavior. Vol. 22 (2). 1998.*
- *Food Guide Pyramid for Young Children from 2 to 6 Years Old. Vol. 23 (2). 1999.*

Texas Cooperative Extension Service, 1996. *A Glance at Growth and Development Chart* (L-1404).

Texas Department of Protective and Regulatory Services, Austin, TX:

- *Texas Day-care Center Minimum Standards and Guidelines* (5/2000)
- *Registered Family Homes Minimum Standards and Guidelines* (5/2000)
- *Minimum Standards for Group Day-Care Homes* (5/2000)
- *Minimum Standards for Kindergartens and Nursery Schools* (5/2000)
- *Minimum Standards for Schools: Grades Kindergarten and Above*
- *Minimum Standards for Drop-in Care Centers* (5/2000)

Publishers of Books for Early Childhood Education

Allyn and Bacon
75 Arlington St., Suite 300
Boston, MA 02116
(617) 848-6000
www.ablongman.com

Delmar, a Division of Thomson Learning
P.O. Box 15015
Albany, NY 12215-5015
(800) 347-7707
www.earlychilded.delmar.com

Gryphon House
P.O. Box 207
Beltsville, MD 20704-0207
(800) 638-0928
www.gryphonhouse.com

Merrill, a Division of Prentice-Hall
445 Hutchinson Avenue
Columbus, OH 43235-5677
(800) 526-0485
www.prenhall.com

Woodbine House (publisher of resources for special needs)
6510 Bells Mill Road
Bethesda, MD 20817
(800) 843-7323
www.woodbinehouse.com

Teaching Kits

Starting Small Teaching Tolerance in Preschool and the Early Grades. Montgomery, AL: Southern Poverty Law Center.

Videotapes

The Curriculum Center for Family and Consumer Sciences (formerly Home Economics Curriculum Center)

Texas Tech University
Box 41161
Lubbock, TX 79409-1161
(806) 742-3029
www.hs.ttu.edu/ccfcs

Videotapes available include:

- *A Child Grows: The First Year of Life*
- *The Baby Care Home Video*
- *Careers in Child Development*
- *Child Care Worker: Recipe for Success*
- *Child Care Safety*
- *Children Learning Language: How Adults Can Help*
- *Common Childhood Illnesses*
- *Creative Transitions*
- *Diversity: Contrasting Perspectives*
- *Early Childhood Health Issues*
- *Early Childhood Nutrition*
- *Emotional Development of Children*
- *Exploring and Learning*
- *Family Matters – The Importance of Family*
- *Five and Six Year Olds*
- *Goal Setting: Planning for Your Future*
- *Growing Up in Video World: Media and the Developing Child*
- *Guidance and Discipline: The Teacher's View*
- *Guidance and Discipline: Learning Environment*
- *How Boys and Girls Differ*
- *Keys to Quality Infant and Toddler Care*
- *Managing Multiple Roles*
- *Middle Childhood: Cognitive and Language Development*
- *Middle Childhood: Physical Growth and Development*
- *Middle Childhood: Social and Emotional Development*
- *Online Safety*
- *Positive Discipline = Positive Children*
- *Preschoolers*
- *Protecting Children from Abuse*
- *Safe and Sound*
- *Schedules and Routines: Why Bother?*
- *Selecting Child Care: The Right Choice*
- *Sensory and Art*
- *Shaping Youngest Minds*
- *Social Development in Children*
- *Space for Growth and Development*

- *Study of the Child: History and Trends*
- *Theories of Development*
- *Tip Top Tots: The Nutrition Pyramid for Preschoolers*
- *Toddlers: The Second Year of Life*
- *Understanding Learning Disabilities*
- *Watch Me Grow*
- *Why Can't Michael Pay Attention?*
- *Working Parents-Is It Working?*
- *Working with Children*

I Am Your Child
P.O. Box 15605
Beverly Hills, CA 90209
www.iamyourchild.org
(310) 285-2385

The First Years Last Forever and other video titles in a series, available from I am Your Child.

The Shaken Baby Alliance
The Shaken Baby Alliance
P.O. Box 150734
Ft. Worth, TX 76108
(877) 696-3727
www.shakenbaby.com

Shaken Angels, available from the Shaken Baby Alliance.

Web Sites

American Association for Gifted Children (AAGC)
www.aagc.org

American College of Obstetricians and Gynecologists
www.acog.org

American Dental Association
www.ada.org

American Library Association
www.ala.org
Coretta Scott King Award, John Newbery Award, Randolph Caldecott Award

American Red Cross (contact the nearest local chapter)
www.redcross.org

American Society for Microbiology
www.microbe.org or www.washup.org

The Baby Center
www.babycenter.com

Braillebug
www. afb.org/braillebug

Bright Futures
www.brightfutures.org

Bubblesphere
bubbles.org

CensusScope
www.censusscope.org

Center for Disease Control and Prevention
www.cdc.gov

Center for Media Education (Children's Television Act and other telecommunication policies)
www.cme.org

Child Welfare League of America
www.cwla.org

Children, Youth, and Families Education and Research Network (CYFERNET), Service of Cooperative Extension Service
www.cyfernet.org

Children's Books
www.Childrensbooks.about.com

Children's Trust Fund of Texas (now under Texas Department of Protective and Regulatory Services)
www.ctf.state.tx.us

Council for Professional Recognition
www.cdacouncil.org

Early Childhood Intervention
www.eci.state.tx.us

Early Head Start National Research Center
www.ehsnrc.org

Educational Services and Staff Development Association of Central Kansas
www.essdack.org

Electric Teacher
www.electricteacher.com

Games Kids Play
www.gameskidsplay.net

Gifted Children: Identification, Encouragement, and Development
www.gifted-children.com

Google
www.google.com

Healthy School Meals Resource System
schoolmeals.nal.usda.gov

Henry the Hand Foundation
www.henrythehand.com

Iowa State University Extension Service
www.extension.iastate.edu/childcare

Juvenile Products Manufacturers Association (JPMA)
www.jpma.org

kidsDoctor
www.kidsdoctor.com

The Kids Domain
www.kidsdomain.com

Kidsource
www.kidsource.com

Kindercare
www.kindercare.com

KinderStart
www.kinderstart.com

National Association for Family Child Care
www.nafcc.org

National Association for Gifted Children
www.nagc.org

National Association of Child Care Professionals
www.naccp.org

National Association of Colleges and Employers
www.jobweb.com

National Black Child Development Institute
www.nbcdi.org

The National Center on Shaken Baby Syndrome
www.dontshake.com

National Child Care Information Center
www.nccic.org

National Early Childhood Technical Assistance System
www.nectas.unc.edu

National Fire Protection Association
www.nfpa.org *www.nfpa.org/sparky* (Sparky the Fire Department Dog)

National Head Start Association
www.nhsa.org

National Highway Traffic Safety Administration
www.nhtsa.dot.gov

National Information Center for Children and Youth with Disabilities
www.nichcy.org

National Network for Child Care
www.nncc.org

National Network for Family Resiliency
www.nnfr.org

National Parent Information Network
www.npin.org

New Mexico Cooperative Extension Service
www.cahe.nmsu.edu/ces

Nutrition Cafe
www.exhibits.pacsci.org/nutrition

Nutrition for Children
www.nutritionforkids.com

Ohio State University Extension (Ohioline)
ohioline.osu.edu

Parenthood.Com: e-Safety
www.esafety.com

Parents as Teachers National Center
www.patnc.org

Parents' Choice
www.parents-choice.org

Play Kids
www.playkids.com

Prevent Child Abuse America
www.preventchildabuse.org

Scholastic
www.scholastic.com

Texas Cooperative Extension Service (Contact the Family and Consumer Sciences Agent in each county)
texasextension.tamu.edu or *fcs.tamu.edu*

Texas Department of Public Safety
www.txdps.state.tx.us

Texas Education Agency
www.tea.state.tx.us

Texas Education Network (TENET)
www.tenet.edu

Texas Workforce Commission
www.twc.state.tx.us

U.S. Census Bureau
www.census.gov

U.S. Consumer Products Safety Commission
www.cpsc.gov

U.S. Department of Agriculture
www.usda.gov

U.S. Department of Agriculture – National Agricultural Library
www.nal.usda.gov

U.S. Department of Education
www.ed.gov

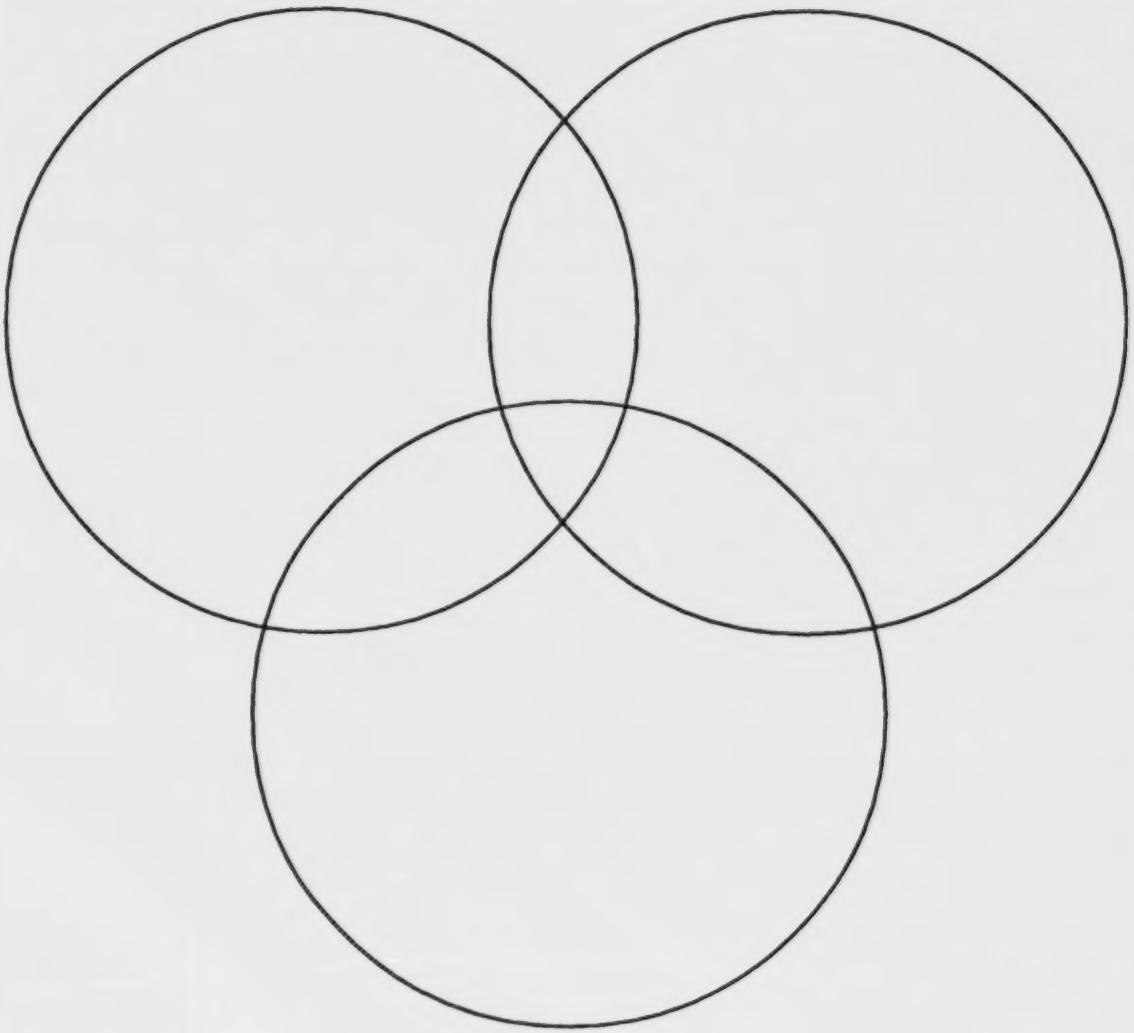
U.S. Department of Justice – Americans with Disabilities Act
www.ada.gov

U.S. Department of Labor – Occupational Health and Safety Administration
www.dol.gov or *www.osha.gov*

Yahooligans!
www.yahooligans.com

Zero to Three
www.zerotothree.org

Venn Diagram



Working in Early Childhood Education and Care Careers

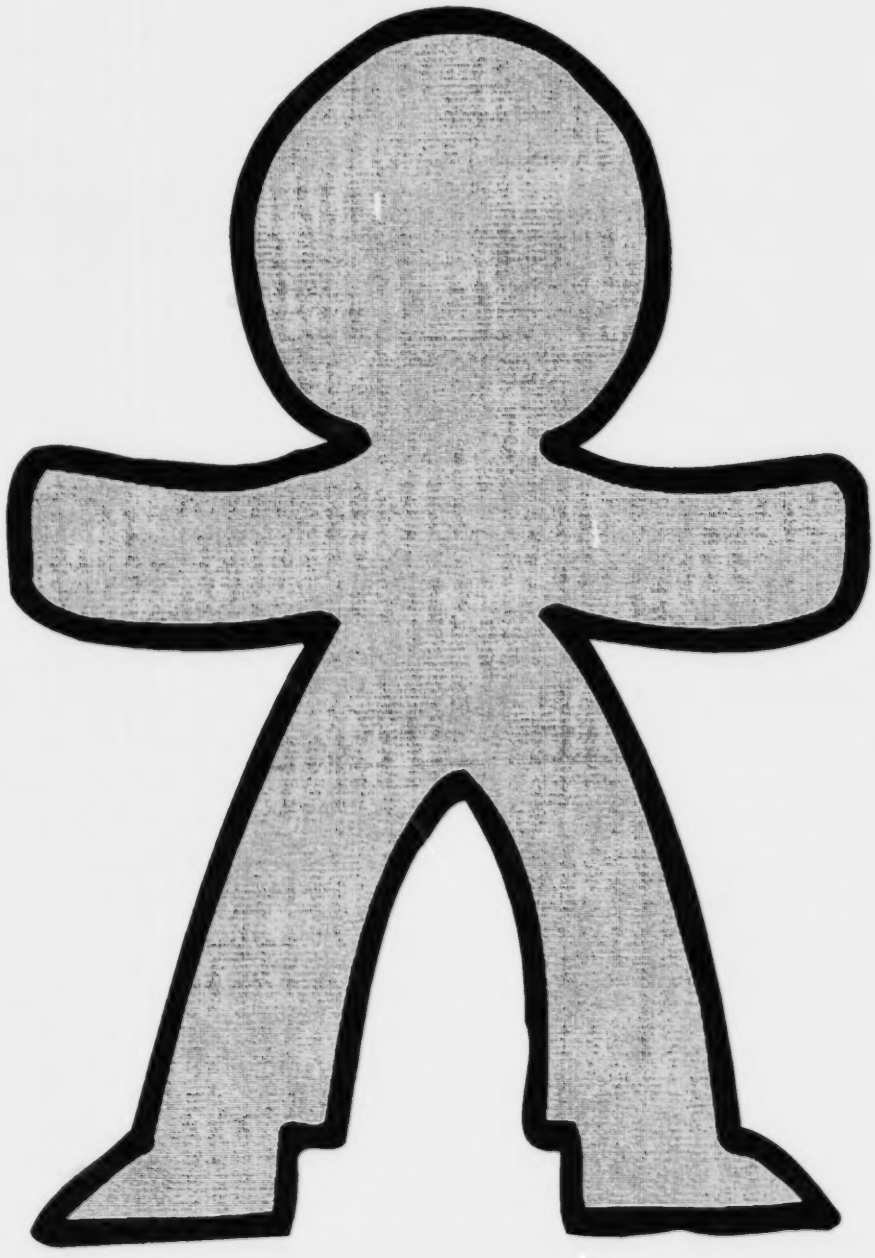
Melanie Nelson is a senior at Holmes High School. She is enrolled in the Child Care and Guidance, Management, and Services pre-employment laboratory class. Melanie loves working with children and hopes to become a pediatrician or an early childhood education teacher.

Melanie's family and consumer sciences teacher is Mrs. Kwan. Melanie has been assigned to work at Wee Care Child Care Center, which is a facility for children, birth through six years old. It is located about two blocks from the high school.

At the present time, Melanie is one of the assistant teachers for the four-year-old class. The lead teacher is Mrs. Rodriquez, who has worked at the center for the past ten years. She has a bachelor's degree in child development. Mr. Givens also works with the four-year olds as an associate teacher. He received his CDA credential from a local community college. When Melanie started working at the center, she was a child care aide for the three-year-old class.

The director of the center is Mrs. Mitchell. She has a master's degree in early childhood education and has done extensive training as a child development specialist. Mrs. Mitchell's sister, Ms. Garrett is the registered nurse for the center. Their other sister, Mrs. Forrest, is a school diagnostician and visits the center frequently to assist children who have special needs.

The Ideal Child Care Professional



Management of Multiple Roles

The society of the 21st century is complex. Men and women are faced with the challenge of managing the roles of spouse, parent, community member, and wage-earner. Family leaders realize that role sharing, role flexibility, and development of support systems are needed to enjoy a desired pattern of living. More fathers are sharing the responsibility for household chores and child care and more mothers working part-time or full-time are examples of role sharing and role flexibility. As couples try out new ways to handle work and family responsibilities, they discover that moving away from traditional roles is uncomfortable to them and may result in criticism and pressure from those close to them. Support and communication are necessary to help family leaders manage their roles.

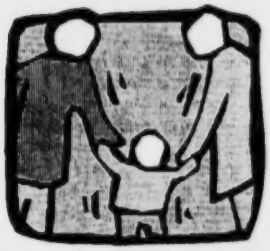
Many individuals have no difficulty accepting multiple roles that are necessary because of a changing employment and family structure. Some individuals readily accept family members sharing both employment and homemaker roles. These shared roles may be referred to as integrated or egalitarian roles. Role integration is the lessening of the distinction of work roles for males and females. Role integration allows family members, regardless of sex, to do what needs to be done to maintain a positive, stable family life. Integration of roles is more likely to be successful when each partner discovers and uses their strengths and interests. Communication and mutual support are needed to make role integration successful.

If role adjustments are not made, productivity at home and work can be affected. Lack of role adjustment can lead to frustration and dissatisfaction with family life. Persons must learn to balance the needs and responsibilities of their roles as an individual, a family member, and an employee. Each area may be competing with the others for time and energy.

Strategies for Resolving Role Conflicts

Specific strategies that can help maintain a balance between individual, work, and family life are:

- **trade offs** – behaviors, activities, and responsibilities left undone to fulfill others. Making a trade off means deciding or being forced to spend time and energy on one activity over another and thus giving up another activity permanently or temporarily.
- **role priorities and role sharing** – clarify roles and decide which one is most important and how much time and energy to give to each one. Role sharing prevents role overload for one family member. It may occur with children who benefit by gaining a broader base of skills, developing independence, and gaining more nurturance from the parents. With role sharing, personal standards and expectations may have to be adapted. For example, standards for



Strategies for Resolving Role Conflicts, cont'd.

a "clean" home may have to be altered. Extended family members, aides, house cleaners, and service people may have to assume some of these tasks.

- **role sharing success** – Give a task to someone, give instruction, monitor results, and change expectations of results of the completed task.
  - Treat spouses as partners in management and communicate expectations and appreciation.
  - Clarify the difference between helping out and taking responsibility.
  - When one owns the task, they take the responsibility of carrying it out.
  - Teach children a wide variety of skills needed to maintain a household, do not rely on traditional gender role expectations for children.
  - Allow time for training and transition when delegating new roles to family members.
  - Recognize that children gain valuable skills when they are given responsibility for their own upkeep and share roles for family tasks.
  - Realize that "no" and "wait" may have to be said to allow time for rest. It is only human for family members to expect everything to be done by the person who's always been doing it before and to not appreciate the doer.
  - Review priorities and standards. Consider relationships versus household needs. Standards may have to be lowered to encourage ownership of tasks and develop self-confidence in the doer.
  - Communicate family priorities and expectations and standards often.
  - People often have questions or concerns when changes are made. Part of being a "change agent" is being a teacher and helping family members realize how certain role sharing ideas are beneficial.
- **support** – Social support involves feelings of esteem, love, respect, and belonging we get from family, friends, co-workers, community, and society. These sources become one's social support network.
  - At times of stress or change, social support networks can be helpful in helping one cope with changes.
  - Helpful support may come from family and peers facing the same challenges.
  - Social support networks and the esteem, support, and respect they furnish are helpful in making difficult changes in role fulfillment.

Source: Kansas State Department of Education, 1994. *Balancing Work and Family.* Used with permission.

Where do you look for jobs?

1. School Personnel

⇒ *counselors*
⇒ *teachers*
⇒ *high school or college job placement office*

2. Network of Family and Friends

⇒ *a list of family and friends who can help you with job leads in the field where you have interest*
⇒ *entrepreneurs you know*

3. Employment Agencies

⇒ *people seeking jobs meet with counselors at the employment agency; the counselor contacts various employers*
⇒ *private employment agencies—operated by people trying to make a profit*
⇒ *public employment offices—operated by federal or state government with free services; e.g.; Texas Workforce Commission*

4. Newspaper

⇒ *"help wanted" ads with information on salary and job responsibilities*
⇒ *profile of local business community—growing businesses, employment trends, and announcements of promotions*

5. Government Offices

⇒ *city, county, regional, state or federal levels*

6. Job Postings by Employers, Professional Organizations, or Trade Publications

⇒ *go to Web sites for big business and professional organizations*
⇒ *trade publications may list positions available for employment in specific career concentrations*

Letter of Inquiry

A letter of inquiry is an initial letter written to an employer to inquire about applying for a job. Following are suggestions for writing a letter of inquiry.

Give the **title of the job** for which you are applying. If you learned about the job through a newspaper ad, be sure to reference the **name and date of the newspaper**. The employer may be running more than one ad and will want to know which one you are answering.

Briefly describe your job **qualifications and experience**, focusing on things you have done that would qualify you for the advertised position. You want to let the employer know why you would be a good candidate for the position.

If you have no work experience, mention **volunteer experience, special interests, or anything about you that would convince the employer** that you are qualified for the job.

Offer to provide references or additional information upon request.

End the letter by **asking for an interview** and letting the employer know **where to call you**.

An important note:
Be sure to respond to a newspaper advertisement as soon as possible. If you delay, you may miss out on a job opportunity.

BEST COPY AVAILABLE

Guidelines for Writing Resumés

The following guidelines should be observed when writing a resumé:

- Type the resumé. Use one-inch margins and double space between paragraphs. A resumé should be one standard (8 1/2" x 11") page in length. It is not acceptable to present a resumé in handwritten form.
- Check the resumé for spelling and grammatical errors.
- Use action verbs to describe job duties. Examples of action verbs include the following: *design, compose, develop, maintain, schedule, supervise, plan, prepare,* and *monitor.*
- Include information relevant to the position being sought.
- List the most recent accomplishments first in the work experience and education sections of the resumé.
- Use a positive style of writing. Emphasize accomplishments rather than failures.

Sample Resumé

	Chris Fowler 2525 37th Street Dallas, Texas, 78880 (531) 279-0732	
Employment Objective	Child care worker; available afternoons, weekends, and during school breaks	
Education	20xx-present	North High School; Dallas, Texas
	Honors:	Honor student, "A" average North High School Student of the Month
Work Experience	20xx	Volunteered on weekends A-1 Child Care Center Dallas, Texas
	Summer 20xx	Provided customer service (Giftwrapper) Smith's Gift Shop Dallas, Texas
Activities	Yearbook Editor Basketball Youth Fellowship	Student Council FCCLA
References	Available upon request	

Guidelines for Writing Letters of Application

A ***letter of application*** is sent on the following occasions:

- When answering a newspaper want ad
- As a cover letter when mailing a resumé to a prospective employer
- When contacting an employer who lives in another city

Guidelines for writing letters of application are as follows:

- Type the letters of application on good quality, letter-sized (8 1/2" x 11") white or off-white paper. The letter should be neat in appearance, and there should be no typing or grammatical errors.
- Use the correct name and title of the person to whom you are writing.
- Indicate the position for which you are applying.
- If applicable, mention the name of a person who has referred you to the employer.
- Explain why you would be of value to the employer.
- In closing, request an interview.
- Keep the letter short and concise. An application letter should be one page long.
- Include your name, address, and phone number so the employer knows where to contact you.

346 Nueces Avenue
Littleton, Texas 79111
June 1, 20XX

Mrs. Erlinda Diaz, Director
Delta Street Child Care Center
4986 Delta Street
Sparta, Texas 78823

Dear Mrs. Diaz:

I would like to apply for the job of Child Care Aide advertised in yesterday's edition of the *Sparta Examiner*. According to the announcement, the position will be available June 15, 20XX.

I am a graduate of Broadway High School where I studied child care for two years. In addition, I worked during the summers at the Elgin Avenue Child Care Center in Sparta.

May I come by for an interview at your convenience? You may call me at (792) 889-2005.

I look forward to hearing from you.

Sincerely,

Amy Parker

Amy Parker

BEST COPY AVAILABLE

Guidelines for Completing Job Applications

A *job application* must be completed neatly and precisely. The following suggestions can help an individual effectively complete a job application. Read the entire application to make sure all questions are understood.

- ✍ Follow the instructions carefully.
- ✍ Print or write neatly and clearly.
- ✍ Use an ink pen, preferably black.
- ✍ Answer each question. Do not leave questions blank. If a question does not apply to you, write NA (not applicable) in the space, or draw a line through the space.
- ✍ Spell correctly. Use your list of facts to check the spelling of names of past employers and references.
- ✍ Answer all questions honestly.
- ✍ Include area codes and zip codes in all telephone numbers and addresses that are requested.
- ✍ Use the word *open* or *negotiable* to answer questions regarding expected salary.
- ✍ List all part-time and full-time jobs you have had. Always avoid negative comments when reasons for leaving are requested.
- ✍ Emphasize special courses, experiences, on-the-job training, or hobbies that have provided skills necessary for the position.
- ✍ Include any special licenses held or certificates received.

In order to be prepared to provide a factual account of information involving past work experiences, education, personal characteristics, and skills, an individual should prepare a list of these facts to refer to when completing the job application. The list should include the following information:

- ✍ Social security number
- ✍ References (names, job titles, addresses, and telephone numbers)
- ✍ Former employers (names, job titles, addresses, telephone numbers, and dates of employment)
- ✍ Record of education (courses taken and grades received or a transcript)
- ✍ Community or school activities, honors, skills, hobbies, and interests

Sample Job Application

Complete this job application form as completely, neatly, and accurately as possible.

General Information

Date:_____ Last Name:_____ First Name:_____ MI:___
Home phone:_____ Street Address:_____
City:_____ State:_____ Zip:_____

Name of someone who can be contacted
in the case of an emergency:_____
Phone number:_____

Employment History

From:_____ To:_____
Employer:_____
Address:_____
Supervisor's Name:_____
Duties Performed:_____
_____
_____
Reason for Leaving:_____

From:_____ To:_____
Employer:_____
Address:_____
Supervisor's Name:_____
Duties Performed:_____
_____
_____
Reason for Leaving:_____

Education

Name of School:_____
Address:_____
Date of Graduation:_____
Degree Received:_____

Name of School:_____
Address:_____
Date of Graduation:_____
Degree Received:_____

Other Information

List any awards, special talents, or interests you have:
_____
_____

List the names, addresses, and phone numbers of three references (not related to you):
_____
1. _____
2. _____
3. _____

Date available for employment: _____

List skills and training in which you have experience:
_____
_____
_____
_____

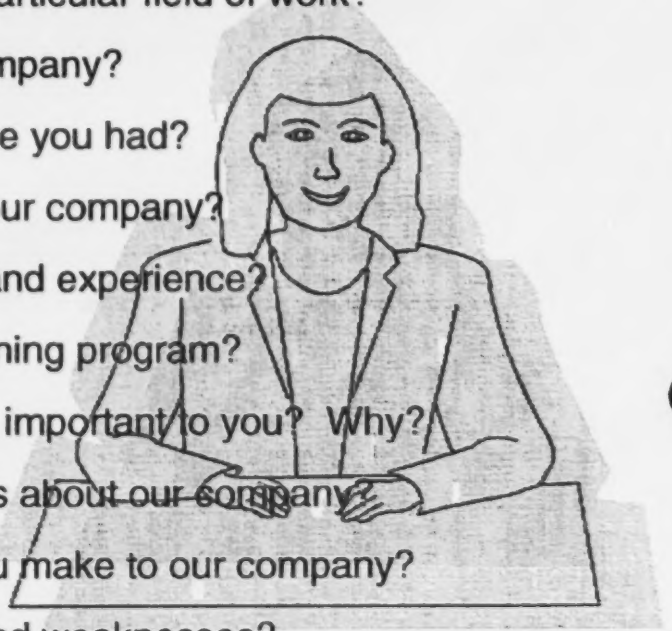
I acknowledge that the above information is true to the best of my knowledge.

Signature _____ Date _____

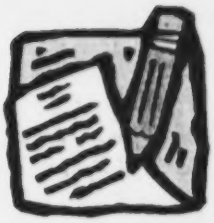
Interview Questions

Prepare yourself for the job interviews by writing the answers to the following questions on your own paper.

- What type of work do you want to do? Why?
- What qualifications do you have for this type of work?
- Why did you choose this particular field of work?
- Why did you select our company?
- What work experience have you had?
- What do you know about our company?
- What is your background and experience?
- Are you interested in a training program?
- Is the size of our company important to you? Why?
- Do you have any questions about our company?
- What contributions can you make to our company?
- What are your strengths and weaknesses?
- What subjects have you liked the most and the least in school?
- What are your hobbies and interests?
- What type of leadership experience do you have?
- Do you have any plans for further self-improvement?
- What was your major achievement in high school?
- What starting salary or wage do you expect?



BEST COPY AVAILABLE



Sample Follow-up Letter

2456 Creekmore Lane
Topper, Texas 70047
July 15, 20XX

Mrs. Consuela Gomez
Fiesta Child Care Center
7833 Hooper Street
Topper, Texas 70047

Dear Mrs. Gomez:

Thank you for the time you spent interviewing me for the child care aide position at Fiesta Child Care Center. After discussing this job with you, I am very interested in the job at the child care center. I believe my family and consumer sciences classes and my volunteer experience at the Caldwell Community Center nursery have prepared me well for this type of job.

If you need any additional information, please contact me at the above address or at (806) 045-4859.

Sincerely,

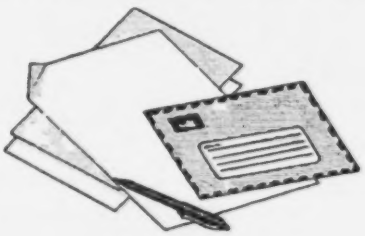
Luke Turner

Luke Turner

Guidelines for Terminating Employment

There are many reasons to terminate, or leave a job. The decision to terminate a job should be made carefully. When an individual decides to leave a job, he or she should try to leave on good terms. Guidelines for a positive termination include the following:

- A notice of intent to leave a job should be given to the immediate supervisor.
- A letter of resignation (a written notice) should be given if required by company policy.
- Notice of termination should be given soon enough for the employer to find a replacement by the time the job is vacated.
- It is customary to give at least a two-week notice or a four-week notice if the employee is paid once a month.

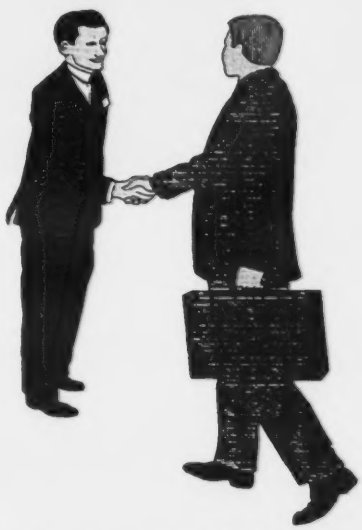


Tips for writing a letter of resignation:

Tell when you want to quit the job.
Thank the employer for her or his help.
Tell why you are quitting if appropriate. (*optional*)
Tell where you will be working in the future. (*optional*)
Type a neat, concise letter following a business format.

Suggested Obligations in Terminating Employment

For the Employee:



- Leave on good terms.
- Job search away from work.
- Continue to work efficiently and well on the present position while searching for new employment.
- Be an honest, dependable, and trustworthy employee.
- Give ample notice to the employer before taking a new position.
- If appropriate, offer to train the replacement.

For the Employer:

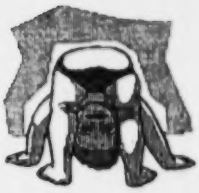
- Clearly state work expectations, career-related duties, hours, and benefits to employees.
- Explain the obligations of employees in terminating employment.
- If appropriate, explain that the employee is expected to help find and/or train a replacement when terminating employment.
- Create a safe work environment for employees.
- Build a good relationship with employees.

Differentiating the Levels of Electronic Portfolio Implementation*

0	1	2	3	4	5
All documents are in paper format. Some portfolio data may be stored on videotape.	All documents are in digital file formats, using word processing or other commonly-used software, and stored in electronic folders on a hard drive, floppy diskette, or LAN server.	Portfolio data is entered into a structured format, such as a database or HyperStudio template or slide show (PowerPoint or AppleWorks) and stored on a hard drive, Zip, floppy diskette, or LAN server.	Documents are translated into Portable Format with "hyper-links" between standards, artifacts, and reflections using Adobe Acrobat Exchange and stored on a hard drive, Zip, Jaz, CD-R/W, or LAN server.	Documents are translated into HTML, complete with "hyper-links" between standards, artifacts, and reflections, using a web authoring program and posted to a WWW server.	Portfolio is organized with a multimedia authoring program, incorporating digital sound and video is converted to digital format and pressed to CD-R/W or posted to WWW in streaming format.

***Scale rating**: 0=little or no technology to 5=sophisticated multimedia programs

Adapted From: http://transition.alaska.edu/www/portfolios/toosarticle.html#BM4



Checklist: Child Care Facility Observation

Directions: Observe a child care facility. Your observations should last at least one hour but may be spread over several visits. Look for evidence of the items listed below. Record your findings by placing a check (✔) in the appropriate column. Use the "Comments" column to record additional details.

Site: _____

Age range of children: _____ Date of Observation: _____

Observed Details	Yes	No	Comments
1. Safety measures in place for drop off and pick up of children.			
2. Center has a friendly atmosphere that helps children feel welcome.			
3. Staff greets child by name.			
4. Facility child/staff ratio is in keeping with the State minimum standards.			
5. Children's art work is prominently displayed.			
6. All center areas appear clean, safe, and healthy (includes sleeping area, restroom, and eating areas).			
7. Arrangement of classroom furniture and equipment is well organized to prevent accidents and injuries.			
8. Emergency telephone numbers are posted close to the phone.			
9. Fire extinguishers are visible and easily accessible.			
10. Emergency evacuation plans for fires, storms, and earthquakes are posted.			

Observed Details, cont'd.	Yes	No	Comments
11. Materials and equipment are organized to prevent clutter.			
12. There are a variety of learning centers.			
13. The different learning centers have definite boundaries.			
14. Toys, equipment, and materials found within each learning center are applicable to that activity.			
15. Toys, equipment, and materials appear clean, sanitary, and in good repair.			
16. Toys, equipment, and materials are developmentally appropriate for the age group.			
17. The general noise level of the class room is conducive to produce activity (a pleasant hum of activity).			
18. Children with disabilities are accepted and encouraged to participate in activities.			
19. Staff is visible and available to the children at all times.			
20. There is a mix of group and independent learning experiences.			
21. Activities are stimulating and encourage participation.			
22. Transitional activities are used to move student from one area/activity to another.			
23. Staff handles problems efficiently and effectively.			
24. Staff provides opportunities for children to demonstrate responsibility.			
25. Child care providers set a good example for the profession.			

Introducing Children to Child Care

T-Chart Template

Family Influences on Development

Physical Development

Nutrition
Health and safety
Sensory experiences
Heredity
Other:_____

Emotional Development

Fears
Self-esteem
Fantasies
Pressure to achieve
Gender identity
Other:_____

Social Development

Pro-social behavior
Aggression
Social competence
Beliefs, attitudes, and values
Other: _____

Cognitive Development

Heredity
Educational achievement
Play
Other: _____

BEST COPY AVAILABLE

Family Relationships

Related Children's Books*

Cannon, J. (1993). *Stellaluna*. San Diego: Harcourt Brace Jovanovich. ISBN: 0-1528-0217-7

De Brunhoff, J. (1976). *The Story of Babar: The Little Elephant*. New York: Random House. ISBN: 0-3948-0575-5

De Paola, T. (1999). *Watch Out for the Chicken Feet in Your Soup*. Minneapolis, MN: Econo-Clad Books. ISBN: 0-8085-2665-0

Dooley, N. (1991). *Everybody Cooks Rice*. New York: Lemer. ISBN: 0-8761-4412-1

Eastman, P. (Illustrator). (1976). *Are You My Mother?* New York: Beginner Books. ISBN: 0-3948-0018-4

Flournoy, V. (1985). *The Patchwork Quilt*. New York: Penquin. ISBN: 0-8037-0097-0

Galdone, P. (Illustrator). (1998). *The Three Little Kittens*. New York: Random House. ISBN: 0-6799-9210-3

Hest, A. (1993). *Nana's Birthday Party*. New York: Morrow, William & Co. ISBN: 0-6880-7497-9

Hines, A. G. (1999). *Daddy Makes the Best Spaghetti*. Minneapolis, MN: Econo-Clad Books. ISBN: 0-8335-2786-X

Hutchins, P. (1992). *The Doorbell Rang*. New York: Morrow, William & Co. ISBN: 0-6880-5251-7

Hutchins, P. (1994). *Llaman a la Puerta. [The Doorbell Rang]*. (A. Cohn, Ed., & Marcuse, A. E., Trans.). New York: Morrow, William & Company. ISBN: 0-6881-3806-3

Johnson, D. (1993). *Your Dad Was Just Like You*. New York: Macmillan. ISBN: 0-0274-7838-6

Joosse, B. M. (1991). *Mama, Do You Love Me?* Westport, CT: Chronicle Books. ISBN: 0-8770-1759-X

Kasza, K. (1987). *The Wolf's Chicken Stew*. New York: Putnam. ISBN: 0-3992-1400-3

Kraus, R. (2000). *Whose Mouse Are You?* New York: Simon & Schuster. ISBN: 0-6898-4052-7

Lakin, P. (1994). *Dad and Me in the Morning*. Morton Grove, IL: Albert Whitman. ISBN: 0-8075-1419-5

Leodhas, S. N. (1981). *Always Room for One More*. New York: Henry Holt. ISBN: 0-8050-0331-2

Levy, J. (1995). *The Spirit of Tio Fernando: A Day of the Dead Story/El Espiritu De Tio Fernando: Una Historia Del Dia De Los Muertos*. (M. Fuenmayor, & T. Mlawler, Trans.). Morton Grove, IL: Albert Whitman. ISBN: 0-8075-7586-0

Minarik, E. H. (1976). *Little Bear*. New York: Harper Collins Children's Books. ISBN: 0-0602-4240-X

Munsch, R. N. (1989). *Love You Forever*. Willowdale, Ontario Canada: Firefly Books. ISBN: 0-9206-6836-4

Penn, A. (1995). *The Kissing Hand*. Washington, DC: Child Welfare League of America ISBN: 0-8786-8585-5

Ringgold, F. (1991). *Tar Beach*. New York: Crown. ISBN: 0-5175-8030-6

Rylant, C. (2001). *Let's Go Home: The Wonderful Things About a House*. New York: Simon & Schuster. ISBN: 0-6898-2326-6

Rylant, C. (2001). *The Relatives Came*. New York: Simon & Schuster's Children's. ISBN: 0-6898-4508-1

Scott, A. H. (1992). *On Mother's Lap*. Boston, MA: Houghton Mifflin. ISBN: 0-3955-8920-7

Wild, M. (1994). *Our Granny*. New York: Ticknor and Fields. ISBN: 0-3956-7023-3

*Note to Teacher: Books were located using both the Barnes & Nobles (www.bn.com) and Amazon (www.amazon.com) online catalogues. All books were available as of this publication date. ISBNs are provided for future reference.

All I Ever Really Needed to Know I Learned in Kindergarten

Most of what I really need to know about how to live, and what to do, and how to be, I learned in kindergarten. Wisdom was not at the top of the graduate school mountain but there in the sandbox at nursery school.

These are the things I learned: Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that aren't yours. Say you're sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and milk are good for you. Live a balanced life. Learn some and think some and draw and paint and sing and dance and play and work every day some.

Take a nap every afternoon. When you go out into the world, watch for traffic, hold hands, and stick together. Be aware of wonder. Remember the little seed in the plastic cup. The roots go down and the plant goes up and nobody really knows how or why, but we are all like that.

Goldfish and hamsters and white mice and even the little seed in the white plastic cup — they all die. So do we.

And then remember the book about Dick and Jane and the first word you learned, the biggest word of all: LOOK. Everything you need to know is in there somewhere. The Golden Rule and love and basic sanitation. Ecology and politics and sane living.

Think of what a better world it would be if we all -the whole world- had cookies and milk about three o'clock every afternoon and then lay down with our blankets for a nap. Or if we had a basic policy in our nation and other nations to always put things back where we found them and cleaned up our own messes. And still it is true, no matter how old you are, when you go out into the world, it is best to hold hands and stick together.

Robert Fulghum

BEST COPY AVAILABLE

Children Learn What They Live

If children live with criticism,
They learn to condemn.

If children live with hostility,
They learn to fight.

If children live with ridicule,
They learn to be shy.

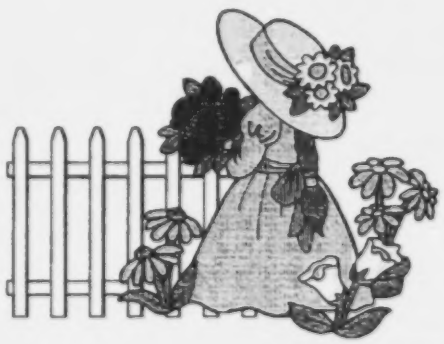
If children live with shame,
They learn to feel guilty.

If children live with encouragement,
They learn confidence.

If children live with tolerance,
They learn to be patient.

If children live with praise,
They learn to appreciate.

If children live with acceptance,
They learn to love.



If children live with approval,
They learn to like themselves.

If children live with honesty,
They learn truthfulness.

If children live with security,
They learn to have faith in themselves and others.

If children live with friendliness,
They learn the world is a nice place in which to live.

Dorothy Law Nolte, Ph.D.

Parent education programs that help parents learn how to educate and care for their children

- Seminars
- Workshops
- Guest speakers
- Films
- Demonstrations
- Study groups

Lending libraries

- Toys
- Books on child care and guidance

Social functions

- Weekly parent/child lunches
- After-hours family gatherings
- Parent receptions
- Children's programs on holidays

Exchange networks for parents to have opportunities to help each other

- Barter networks to exchange goods and services
- Children's used clothing exchange
- Car pools
- After-hours child care

Volunteers

- Assist caregivers in classroom
- Assist with field trips
- Share special talents with children
- Collect throw-away items
- Remodel playground
- Build furniture for classrooms
- Assist with screening program

BEST COPY AVAILABLE

Physical Facility Observation

➜ Visit at least one child care center. During your observation, roughly sketch the arrangement plan for both the indoor child care center environment and outdoor space environment. For example, how is the classroom arranged? How is the playground arranged? If there are multiple classrooms, you may select only one to sketch. Use the front of this worksheet to sketch the indoor environment. Use the back of this worksheet for the outdoor space environment.

Calculating Space Requirements

	Number of Children	Space Required
Indoor Learning Area		
Minimum: 35 square feet per child	40	_____
	75	_____
Desirable: 50 square feet per child	40	_____
	75	_____
Outdoor Learning Area		
Minimum: 75 square feet per child	40	_____
	75	_____
Desirable: 125 square feet per child	40	_____
	75	_____
Total Building Size		
Minimum: 72 square feet per child	40	_____
	75	_____
Desirable: 100 square feet per child	40	_____
	75	_____
Site (Lot) Size		
Minimum: 200 square feet per child	40	_____
	75	_____
Desirable: 350 square feet per child	40	_____
	75	_____

If a lot for a child care facility was 150' x 120' at the minimum rate _____ children could be accommodated in the child care program.

If a child care program was located in an existing building, how many preschoolers could be grouped in the following rooms given a 35 per square feet per child minimum? (Round to the nearest number.)

Room #1 with dimensions of 28' x 32' can contain a group of _____ children.

Room #2 with dimensions of 24' x 26' can contain a group of _____ children.

Calculating Space Requirements

Answer Key

	Number of Children	Space Required
Indoor Learning Area		
Minimum: 35 square feet per child	40	1400
	75	2625
Desirable: 50 square feet per child	40	2000
	75	3750
Outdoor Learning Area		
Minimum: 75 square feet per child	40	3000
	75	5625
Desirable: 125 square feet per child	40	5000
	75	9375
Total Building Size		
Minimum: 72 square feet per child	40	2880
	75	5400
Desirable: 100 square feet per child	40	4000
	75	7500
Site (Lot) Size		
Minimum: 200 square feet per child	40	8000
	75	15,000
Desirable: 350 square feet per child	40	14,000
	75	26,250

If a lot for a child care facility was 150' x 120' at the minimum rate 90 children could be accommodated in the child care program.

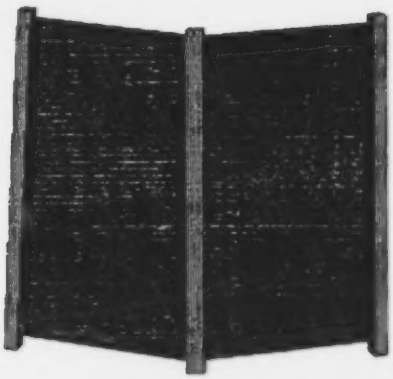
If a child care program was located in an existing building, how many preschoolers could be grouped in the following rooms given a 35 per square feet per child minimum? (Round to the nearest number.)

Room #1 with dimensions of 28' x 32' can contain a group of 26 children.

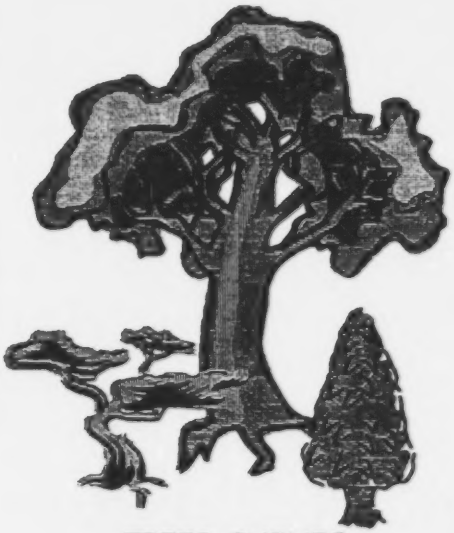
Room #2 with dimensions of 24' x 26' can contain a group of 18 children.

METHODS FOR NOISE CONTROL

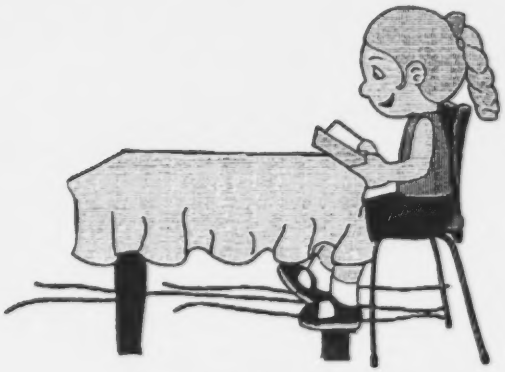
CARPETED FLOORS



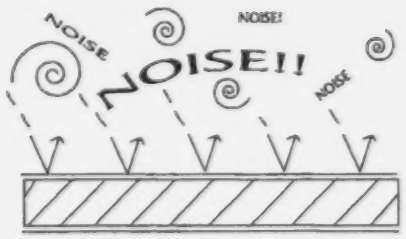
SOUND ABSORBING PARTITIONS



TREES, SHRUBS, AND BERMS



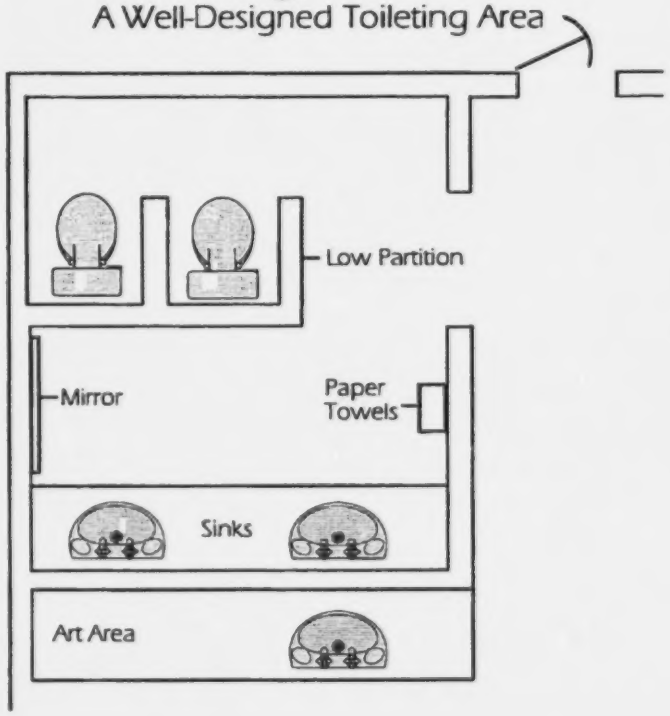
PADDED OR FABRIC COVERED WORK SURFACES



AIRTIGHT WALLS

Designing a Toileting Area

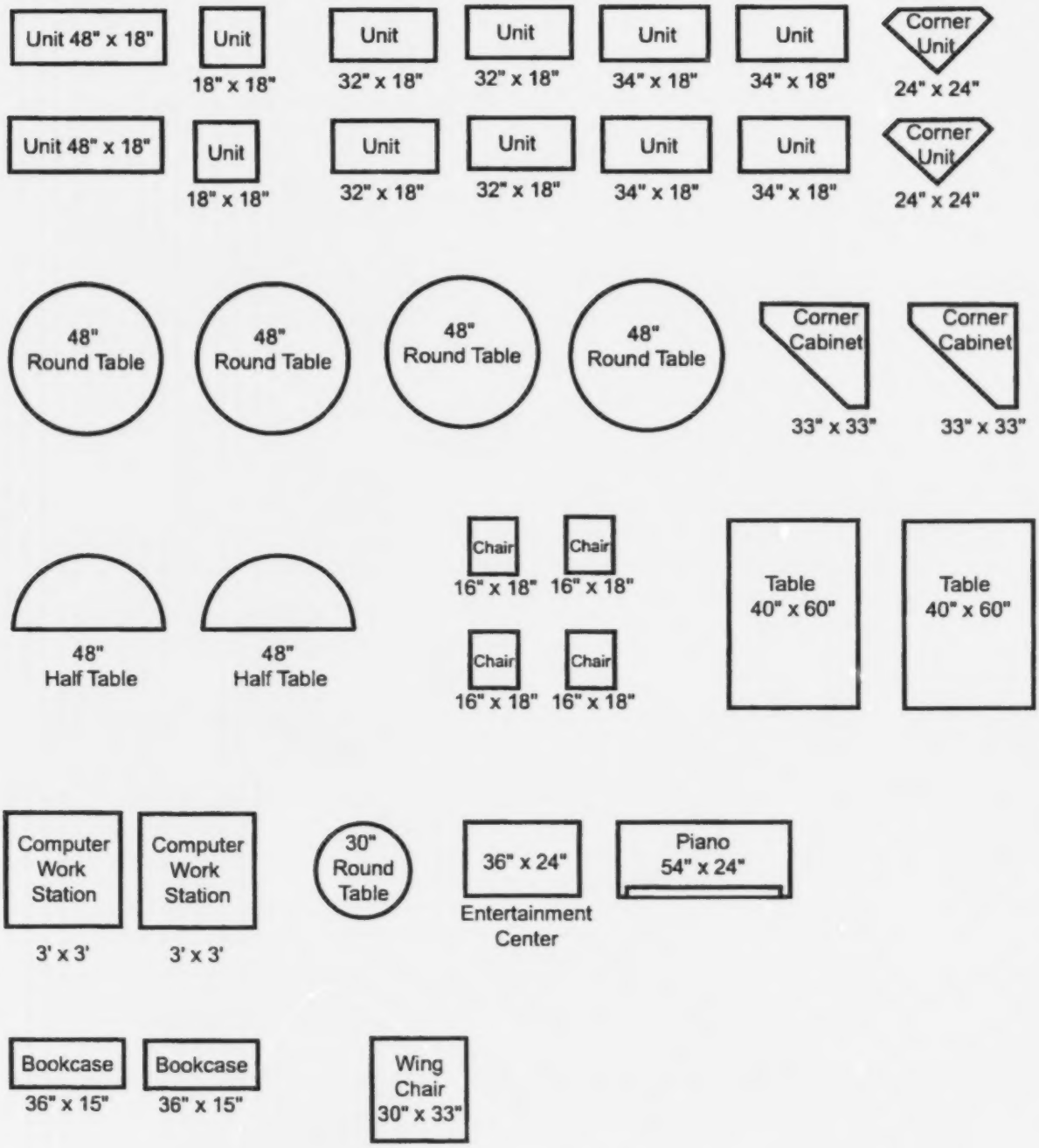
A Well-Designed Toileting Area



- ✓ Design the toileting area to measure about five square feet per child for the number of children the restroom is designed for.
- ✓ Use child-sized fixtures to encourage independent use. Toilets should be 10"–13" high, and sinks should be 1 ½' – 2' high.
- ✓ Make the area easily accessible to both indoor and outdoor play areas.
- ✓ Design the area for use by both boys and girls in preschool years.
- ✓ Include a urinal for boys to keep facilities more sanitary.
- ✓ Check licensing standards for the ratio of toilets and sinks to children. Most licensing standards recommend that one sink and toilet be provided for every ten children.
- ✓ Keep partitions low to give some privacy yet prevent isolation.
- ✓ Separate the sink area from the toilet area within the restroom.
- ✓ Provide natural light or other features to produce a pleasant environment.
- ✓ Ventilate the area well and check local sanitation codes.
- ✓ Use nonslip, nonabsorbent floor materials with a floor drain.
- ✓ Include a bathtub in one of the center's restrooms, if possible.
- ✓ Avoid porous floors, such as concrete, which hold moisture and odors.
- ✓ Avoid placing the restroom near quiet activity areas. Traffic to and from the restroom may be distracting.

Furnishings Template

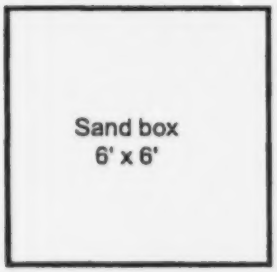
1/4" = 1'

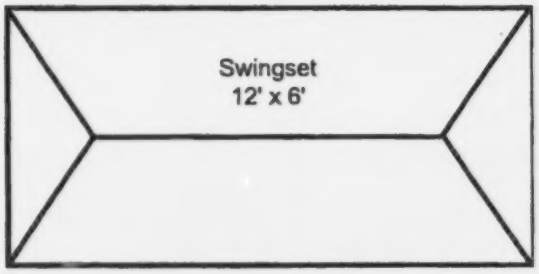


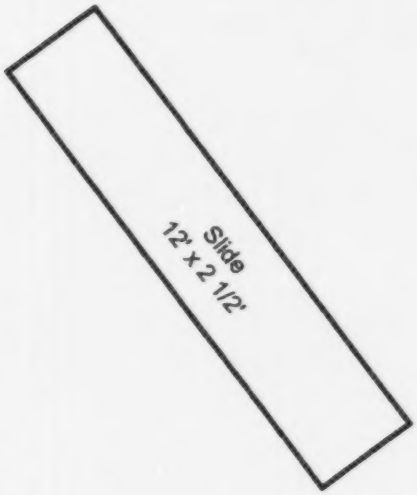
TA 29

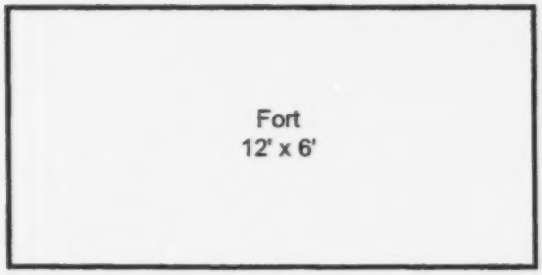
Outdoor Space Template

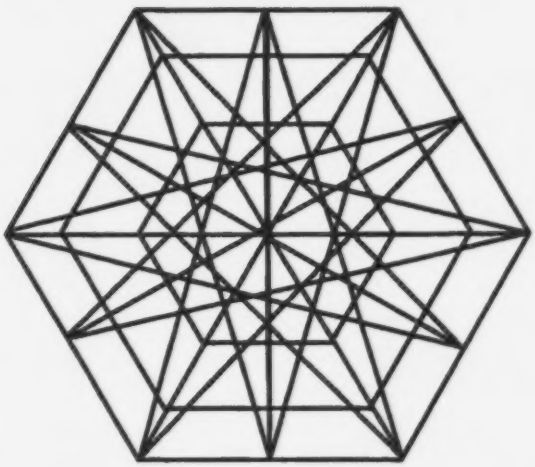
1/4" = 1'











Jungle Gym
12' x 12'

Age-Appropriate Toys and Play Equipment

Birth - One Year

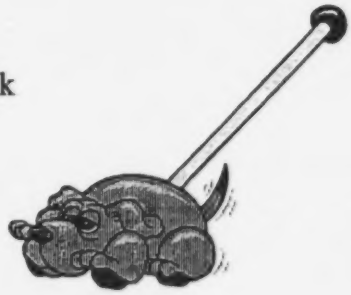
rattles
mobiles
placental sound toys
hanging rattles
crib jinglers
musical toys

Birth - Two Years

small plastic toys
musical pull toys
cups
spools
blocks
balls
wheeled toys
pails
touch and feel books
washable squeak toys
mobiles

One Year - Five Years

stacking or nesting boxes
push toys
touch and feel books
stuffed animals
squeaking toys
large crayons and chalk
wagons, cars
blocks
balls
wheeled toys
dolls
cars and trucks
modeling clay

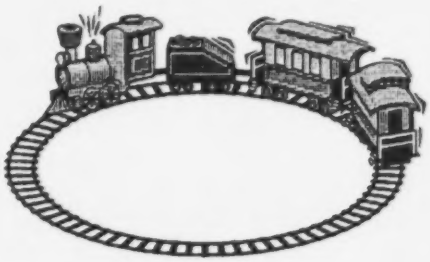


Six Years - Nine Years

dollhouses
paper dolls
race cars
carpentry sets
science experiments
board games
small dolls and wardrobes
video games
sports
computer games

Three Years - Six Years

dolls
trains, cars, trucks
modeling clay
feely boxes
construction block sets
paints
ladders
chalk and chalkboard
boxes and crates



Brochure Assessment

Part A: Circle the number that indicates how effectively the brochure meets the stated criteria.

	3	2	1
Quality of Research	Accurate analysis of the research Reliable sources Three or more references used	Fair degree of accuracy Some reliability of resources Two references used	Basic information with inaccuracies Questionable reliability One reference used
	3	**2**	**1**
Application of Knowledge	Demonstrates in-depth understanding of the topic Accurately uses information in the brochure	Demonstrates general understanding of the topic Uses research information with a fair degree of accuracy in the brochure	Lacks understanding of the topic Uses only the basic parts of the information; several misconceptions
	3	**2**	**1**
Written Presentation	Well organized content Attractive, well-designed format Message is clear and easy to understand Typed or computer-formatted Strong eye appeal	Generally well-organized content Adequate design for format Message is sufficiently understood Typed or computer-formatted Adequate appeal	Unorganized content; hard to follow Unattractive format Message is difficult to understand Handwritten or type lacks neatness
	3	**2**	**1**
Creativity	Imaginative; originality demonstrated Graphics that make the work "come alive"	Adequate creativity Some use of graphics that add to the presentation	Lacks originality Few or no graphics used, or graphics do not relate to text

Part B: Write a paragraph that describes how you can use the knowledge gained from this activity.

Source: Adapted from the *Alternative Assessment: A Family and Consumer Teacher's Tool Kit* (1996). Columbus, OH: The Ohio State University, Vocational Instructional Materials Laboratory. Used with permission.

Common Childhood Illnesses

Illness	Symptoms	How to Protect Other Children
Chicken Pox (13 – 17 days)	Slight fever, small blisters on chest and back.	Exclude the sick child from school for one week, or until all blisters have scabbed over. Notify the parents of the other children immediately.
Common Cold (12 – 72 hours)	Runny nose, sneezing, overly tired.	Keep the infected child home until he/she feels well. Colds are caused by viruses and they spread quickly from person to person. Watch other children for similar symptoms.
Flu (24 – 72 hours)	Sudden chills, sudden high fever, headache, body aches, sore throat, cough.	Isolate the child from other children until the parents pick the child up. Exclude the child from school for at least three days.
Head Lice (1 – 2 weeks)	Look for eggs (nits) along the hair shafts. Scalp will itch.	Exclude the infected child from the center until he/she is under treatment. Check other children in the center. Vacuum to get rid of lice in the center. Wash items used by the infected child in very hot water to destroy lice and their eggs.
Hepatitis A (10 – 50 days)	Fatigue, profound loss of appetite, yellowish skin, dark brown urine, light-colored stool.	Exclude child from center for one week after illness begins. Notify the Health Department so that people exposed to the infected child may be treated.
Impetigo (4 – 10 days)	Look for blisters that break open and form crusty sores. Sores contain a yellowish-white pus.	Exclude the child for one day after treatment begins. Keep the infected child clean. Enforce handwashing procedures.
Meningitis (2 – 10 days)	Fever, stiff neck, nausea, vomiting, loss of consciousness.	Exclude the sick child from the center until the Health Department releases the child. The only way to positively diagnose meningitis is through a spinal tap. Notify the other parents so that they may watch for symptoms in their children.
Pinkeye (24 – 72 hours)	Whites of eyes redden. A yellow-white pus drains from the eyes. Eyelids are sometimes swollen and stuck together.	Exclude the infected child from school until treatment begins. Enforce handwashing procedures. The disease spreads easily through contact, so if possible keep the infected child out of school until the infection is gone.
Ringworm (10 – 14 days)	Dry, circular patches are on skin; bare spots on scalp. These areas are reddish with raised edges.	Exclude the infected child from school until he/she is under treatment. Since ringworm spreads easily from person to person, do not allow other children to come into direct contact with the infected child.
Scabies (3 – 4 days or longer)	Severe itching and scratching; small, raised, reddened areas on the skin; gray or black lines under the skin.	Exclude the infected child from school until he/she has been under treatment for one day. Notify the Health Department to find out how to treat people who have been in direct contact with the infected child. Wash all clothes, linens, and towels used by the child (during the two days prior to diagnosis and treatment) in hot water and dry in a hot dryer.

Common Childhood Illnesses, cont'd.

Illness	Symptoms	How to Protect Other Children
Sore Throat (2 – 5 days)	Sore and scratchy throat, difficulty in swallowing, possible fever.	Keep other children away from the infected child until the cause of the sore throat is determined. Do not allow children to drink after each other.
Strep Throat (1 – 5 days)	Headache, fever, sore throat, swollen glands in the neck; possible nausea and vomiting.	Any child with a severe sore throat, with or without other symptoms, should be sent home. Only a doctor can diagnose strep throat. Exclude the child from the center until he/she is under antibiotic treatment. Notify the parents of the other children so that they may watch for symptoms in their own children.

SOURCE: U.S. Government Printing Office, *Stop Disease in Child Day Care Centers*, Superintendent of Documents, Washington, D. C.

Diseases Preventable Through Immunization

Disease	Incubation Period	Symptoms	How to Protect Other Children
Diphtheria	2 - 6 days	Symptoms include sore throat, swollen tonsils, and fever. Symptoms become severe rapidly. Tonsils have a grayish covering.	Exclude the sick child from school until the Health Department determines that it is safe for the child to return. Find out what preventive measures should be taken. Watch for sore throats in other children and staff members for seven days. Send any possible cases to a doctor. Diphtheria is prevented by a DTaP vaccination.
Measles	7 - 14 days	First symptoms are similar to fever and colds. A red-brown rash appears after the fourth day.	Exclude the sick child from the center for five days after the rash appears. Notify the Health Department to find out what preventive measures should be taken. Measles is prevented by an MMR vaccination.
Mumps	12 - 26 days	Main symptom is pain and swelling over jaw and in front of ear. Other symptoms include fever, nausea, and/or vomiting.	Exclude the sick child from school for nine days after swelling begins. Notify the Health Department and parents of other children. Enforce group separation and hygiene practices. Mumps is prevented by an MMR vaccination.
Pertussis	7 - 14 days	First symptoms are similar to a cold with low fever. Later symptoms include severe coughing attacks that end with a "whoop."	Exclude the infected child from school for four weeks after intense coughing starts. If under antibiotic treatment, the child may return five days after treatment is begun. Notify the Health Department and the parents of other children. Watch children in the center for two weeks for any sign of cough. If a cough does develop, send the child home until he/she is seen by a doctor. Pertussis is prevented by a DTaP vaccination.
Polio	3 - 21 days	Stiff neck, fever, headache, nausea, and sore throat.	If a child is suspected of having polio, he/she should be isolated from other children until the diagnosis is confirmed. The only way to prevent polio is through a polio vaccine (such as the OPV).
Rubella	14 - 21 days	First symptoms include fever, headache, sore throat, and swollen glands. These symptoms are followed by a pink to red rash that spreads over the body.	Temporarily exclude the sick child from school. Notify the Health Department to help confirm the disease through blood tests, etc. Make sure everyone in the center has been immunized. Rubella is prevented by an MMR vaccine.
Tetanus	approx. 10 days	Muscle spasms, possible paralysis.	Tetanus is caused by a bacteria that can live in small amounts of soil. It is necessary to ensure that all cuts, scrapes, and puncture wounds are cleaned thoroughly with soap and water. All people should be immunized against tetanus. Tetanus is prevented by a DTaP vaccine.

Diseases Preventable Through Immunization, cont'd.

Disease	Incubation Period	Symptoms	How to Protect Other Children
Chicken pox	2 weeks	Symptoms include fever; weakness; red, itchy rash on chest and back.	Restrict the sick child to bed rest for one week. Keep away from other children. Use acetaminophen to control fever. Keep skin clean by giving frequent baths. This also soothes itching. Anti-itching medicine may be applied. Disease usually lasts 7 to 10 days. Children born after September 1, 1994 must have varicella vaccine on or before first birthday.

Books about Children with Special Health Needs

Carlson, Nancy. (1992). *Arnie and the New Kid.* New York: Viking. ISBN: 0-1405-0945-3

Chamberlain, Shannin. (1991). *My ABC Book of Cancer*. San Francisco, CA: Synergistic Press. ISBN: 0-9121-8407-8

Damrell, Liz. (1991). *With the Wind.* New York: Orchard Books. ISBN: 0-5310-8482-5

Dobkin, Bonnie. (1994). *Just a Little Different.* Chicago, IL: Children's Press. ISBN: 0-5160-2018-8

Gehret, Jeanne M.A. (1996). *The Don'T-Give-Up Kid and Learning Differences*. New York: Verbal Images. ISBN: 1-8842-8110-9

Krisher, Trudy. (1992). *Kathy's Hats: A Story of Hope*. Morton Grove, IL: Albert Whitman & Co. ISBN: 0-8075-4116-8

Lester, Helen. (1999). *Hooway for Wodney Wat*. New York: Houghton Mifflin. ISBN: 0-3959-2392-1

Maguire, Arlene. (2000). *Special People, Special Ways*. Arlington, TX: Future Horizons. ISBN: 1-8854-7765-1

Palacco, Patricia. (1998). *Thank You, Mr. Falker*. New York: Philomel Books. ISBN: 0-3992-3166-8

Pirner, Connie White. (1991). *Even Little Kids Get Diabetes*. Morton Grove, IL: Albert Whitman and Company. ISBN: 0-8075-2159-0

Shriver, Maria. (1999). *What's Heaven?* New York: Golden Books. ISBN: 0-3074-4043-5

Safety Awareness Scenarios

#1
Patsy and Paul are watching the fish in the aquarium. The children have been told not to put their hands in the aquarium. James accidentally pushed Paul against the fish tank and the electric aquarium light falls inside. As the teacher assistant, what would you do?

#2
Jaime and Marcus found two sticks on the playground. They decide they would like to play like they are pirates and to use the sticks for swords.

#3
Christi and Lucy are playing dress-up in the drama center. Christi wants to be a princess and she puts on a long dress with "high heel shoes." Lucy decides to put on the ballerina costume. The girls are both enjoying their play when Christi trips over the hem of her dress and falls against a chair and cuts her lip.

#4
Tanner and Hank are building a tower with the large wooden blocks. The tower topples over and hits Tanner on the head.

#5

#6

BE CAREFUL!
CAUTION!
WARNING!
SAFETY FIRST!!

BEST COPY AVAILABLE

Safety for Children at Different Levels of Development, Ages 5 –12

School-Age Children
5–6 Years

Developmental Characteristics	Guidelines

School-Age Children
7–8 Years

Safety for Children at Different Levels of Development, Ages 5 –12, cont'd.

School-Age Children 9–10 Years

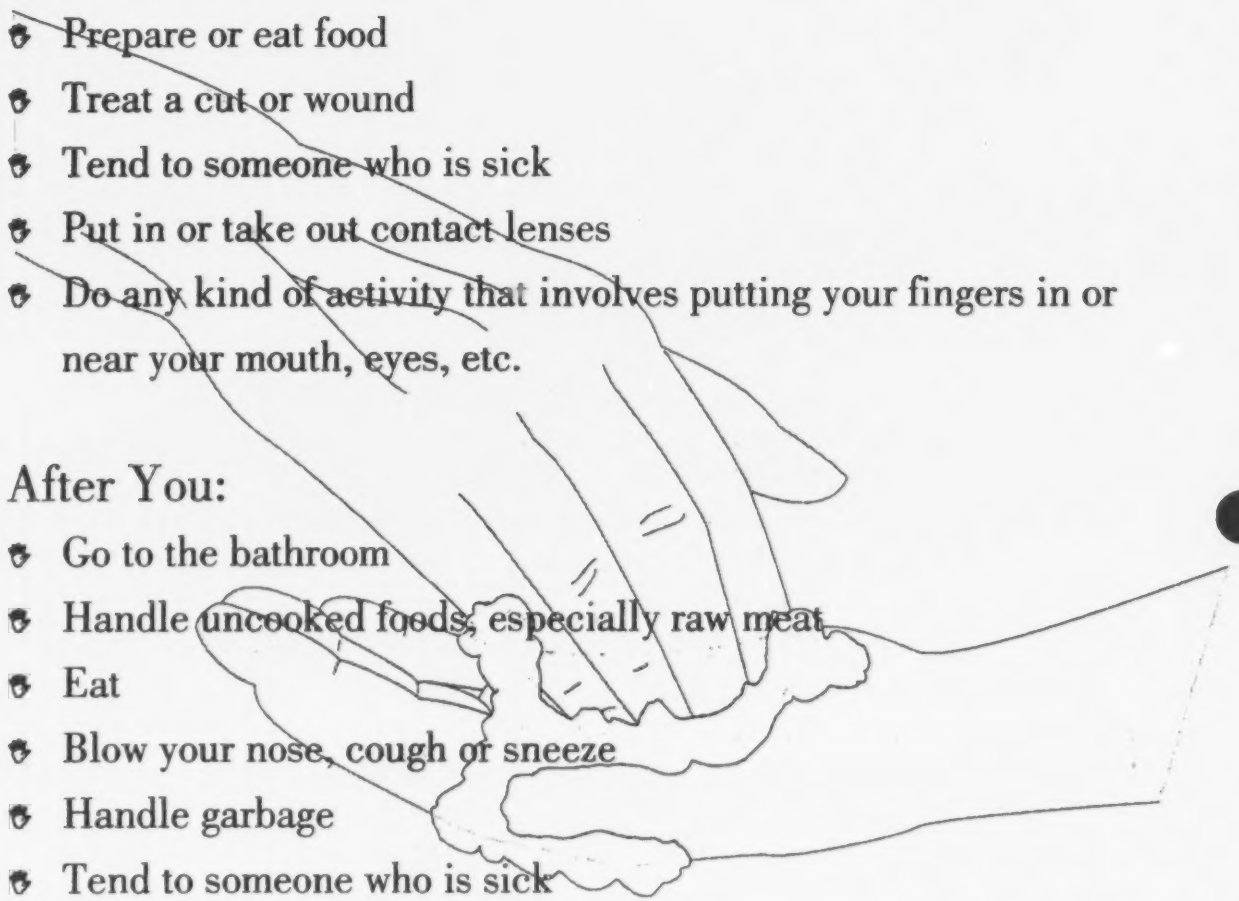
Developmental Characteristics	Guidelines

School-Age Children 11–12 Years

When Do You Wash Your Hands?

Before You:

- Prepare or eat food
- Treat a cut or wound
- Tend to someone who is sick
- Put in or take out contact lenses
- Do any kind of activity that involves putting your fingers in or near your mouth, eyes, etc.



After You:

- Go to the bathroom
- Handle uncooked foods, especially raw meat
- Eat
- Blow your nose, cough or sneeze
- Handle garbage
- Tend to someone who is sick
- Change a diaper
- Handle body fluids
- Play with or touch a pet, especially reptiles and exotic animals

Source: American Society for Microbiology.

BEST COPY AVAILABLE

Checklist of Sanitary Food Preparation Methods

Rate the performance of each behavior listed by placing a 2, 1 or 0 in the column to the right.

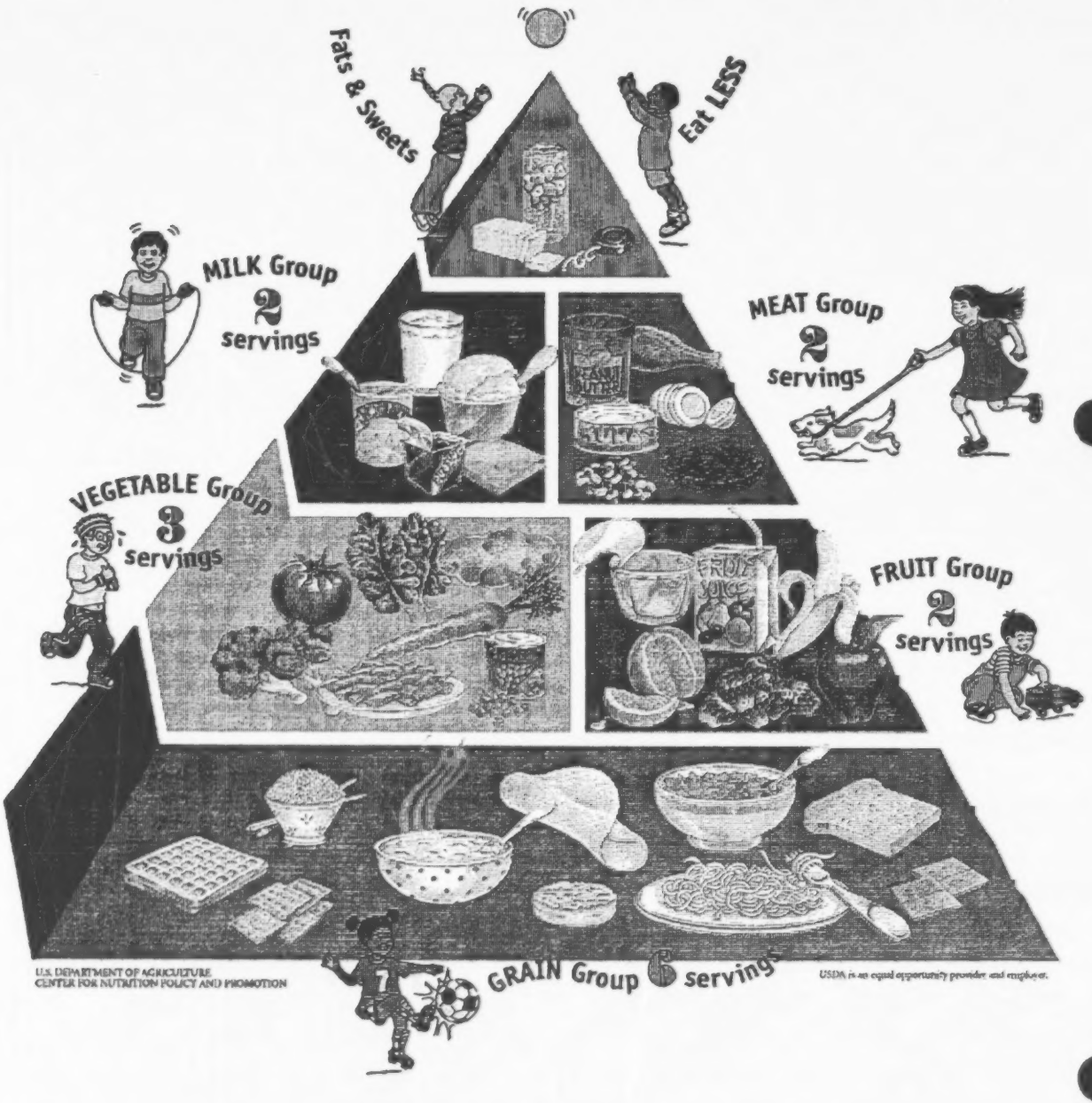
Scale: 2 = done consistently 1 = done sometimes 0 = not done

1. Checks foods for signs of spoilage before buying at the store or on the delivery from the wholesaler _____
2. Stores all foods properly and promptly _____
3. Is personally well-groomed _____
4. Wears a clean apron each day _____
5. Keeps hair covered _____
6. Washes hands before handling foods, using soap and water, a brisk scrubbing motion when washing, and a fresh paper towel for drying _____
7. Wears sterile plastic or rubber gloves when there is a cut on the hand _____
8. Coughs or sneezes away from food, covering mouth and nose and washing hands afterwards _____
9. Washes hands after using toilet, sneezing, coughing, or smoking _____
10. Avoids touching face, mouth, nose, or hair while preparing food _____
11. Avoids licking fingers while preparing food _____
12. Uses a separate spoon for tasting and washes that spoon before using again _____
13. Avoids preparing food when ill _____
14. Uses clean utensils to prepare and serve food _____
15. Picks up glasses at the base without touching the rim _____
16. Picks up silverware and utensils by handles _____
17. Keeps work surfaces clean _____
18. Avoids smoking while preparing food _____

Total Rating: 34-36 a safe food service worker
28-33 a potentially dangerous food service worker
0-27 a dangerous food service worker

Food Guide Pyramid for Young Children

2 to 6 Years Old



Source: USDA Center for Nutrition Policy and Promotion.

BEST COPY AVAILABLE

EMERGENCY PROCEDURES

FIRE Reporting a Fire Moving to Safety	**SHOCK**
FIRE Responding to a Fire Using a Fire Extinguisher	**SEVERE BURNS**
WEATHER ALERTS Relocation Plans Hurricanes	**HEAD, NECK & BACK INJURIES**
WEATHER ALERT Earthquakes	**WEATHER ALERT** Thunderstorms Lightning Tornadoes
SEVERE BLOOD LOSS	**REPORTING & RECORDING ACCIDENTS & ILLNESSES**
MAINTAINING BREATHING	**WEATHER ALERT** Blizzards
POISONING BY MOUTH	**INTERRUPTIONS IN UTILITY SERVICES**

Principles of Growth and Development

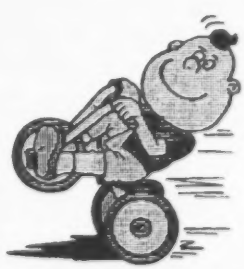
√ Growth and development are gradual and continuous.

√ Growth and development are constant.

√ Growth and development occur at different rates.

√ Growth and development occur in sequence.

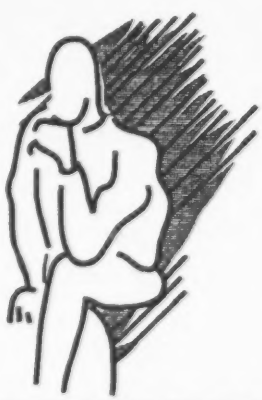
√ Growth and development have interrelated parts.



Modern Theorists in Child Development

- Erik Erikson
- Sigmund Freud
- Arnold Gesell
- Robert J. Havighurst
- Jean Piaget
- B.F. Skinner
- Lev Vygotsky

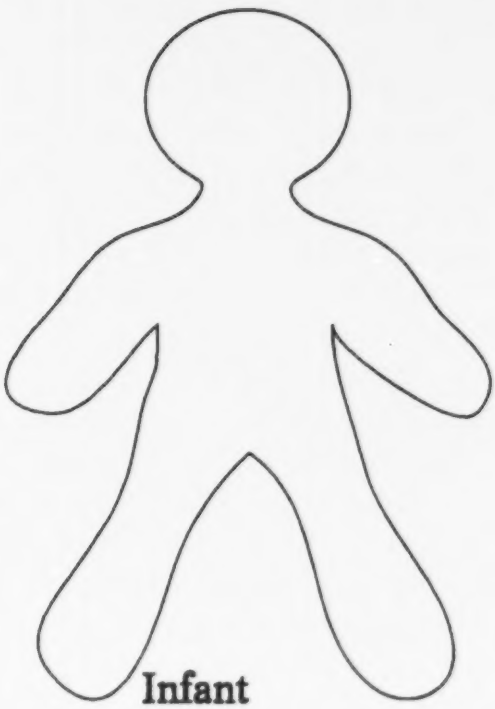
⇒ There may be other theorists that could be included.



Physical Development

Directions: Students can use butcher paper to cut out realistic bodies that are age appropriate, by either year or group. These are body patterns that will show the difference in age groups. Make sure that the cut-outs are also proportioned. On the paper bodies, students will create developmental characteristics for that specific group, i.e., infant or toddler. Many resources are available to guide this activity. The cut-outs may be displayed in the classroom or hallway.

Example: An infant from birth to four months of age develops rapidly. Muscular growth develops in a sequence.



Infant

Toddler

Stimulation of the Senses

Touch– Ask the children questions such as the following:
How does it feel?
Do these feel alike or different?
How can you tell that these two feel different?

Contrast soft-hard, warm-cold, rough-smooth, wet-dry, and sharp-not sharp (dull).

Smell– Ask the children questions such as the following:
Does it have an odor?
Do these smell alike or different?

Play a "Smell & Tell" Game
Place cinnamon, mint, onion flakes, leather, orange peel, and rose petals in a container. Have children close their eyes and try to guess the objects.

Taste– Ask the children questions such as the following:
What tastes sweet?
What foods are spicy?
What foods are sour?
What foods are salty?

Hearing– Ask the children questions such as the following:
Have you heard that before?
Does it sound like this?

Play listening games by having children close their eyes and listen to sounds or by hiding an object and having a child hunt for the hidden object guided by the loudness of clapping by other children.

Sight– Ask the children questions such as the following:
Which color do you like best?
Which is taller/shorter?
How does the sky look today?
Which trees are alike?

Sequence of Motor Development

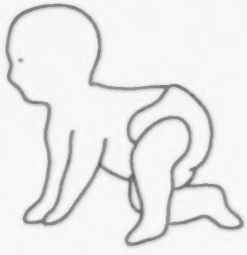
Fetal posture
Birth

Chin up
1–3 months

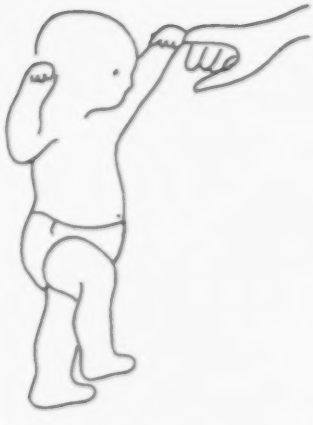
Roll over
2–5 months

Sit alone
5–8 months

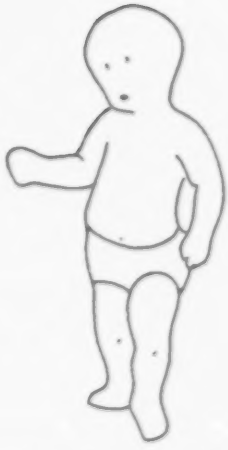
Stand holding furniture
6–10 months



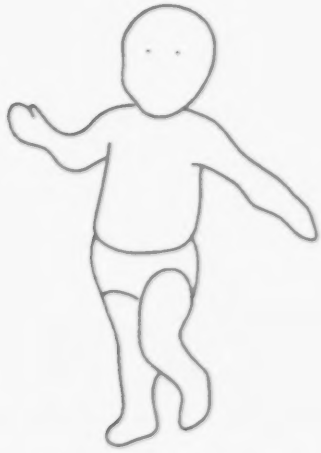
Creep
6–10 months



Walk when led
7–13 months



Stand alone well
10–14 months



Walk alone well
11–14 months

Development of Fine Motor Skills

Sequence of Motor Development Game

Fetal Posture	Chin Up	Roll Over
Sit Alone	Stand Holding Furniture	Creep
Walk When Led	Stand Alone Well	Walk Alone Well

Nutritional Needs of Infants and Toddlers

Birth–3 Months	Drinks breast milk or formula every 3–4 hours Needs vitamin supplements with vitamin C Has a strong sucking reflex
3–6 Months	Is introduced to the first solid foods, usually closer to 6 months Usually eats cereals as the first solid foods Drinks fruit juices Eats plain strained foods Drinks 6-8 ounces of breast milk or formula three to four times a day Needs foods with iron or a supplement
6–9 Months	Eats three meals plus snacks Needs a well-balanced diet based on the Daily Food Guide Holds a bottle Shows interest in self-feeding Chews well Needs small portions of food
9–12 Months	Picks up foods; Is ready for finger foods Eats mashed table foods or junior foods Drinks 8 ounces of breast milk or formula three times a day Drinks from a cup with help
12–18 Months	Is gradually weaned from the bottle or breast Begins using a spoon Wants to feed self Uses a cup well with both hands
18–24 Months	Feeds self Uses a spoon correctly Uses a cup or glass with one hand
24–36 Months	Eats foods as adults do Has developed food preferences May have a varying appetite Needs three well-balanced meals each day plus snacks Assists in meal preparations

Physical Development of Children

Fine Motor Skills	Gross Motor Skills	Self-Help Skills
Infants		
Toddlers		
Preschoolers		
School-age Children		

Physical Development of Infants

1 month–4 months

Stares or gazes at brightly colored, interesting objects
Recognizes primary caregivers' faces
Can lift head for three seconds or more
Sits with support
Reaches for objects using fingers in opposition to palm
Rolls over partially

5 months–8 months

Sits alone momentarily
Head balanced
Rolls over completely
Uses pincer grasp (thumb opposes fingers)
Pulls up if holding on to furniture
Crawls
Eats with fingers
Begins stepping movements

9 months–12 months

Walks with help, then walks alone
Grasps and manipulates smaller objects
Sits and gets up on own
Stands holding onto furniture
Uses spoon and cup
Stacks nesting toys
Does not control bladder/bowel

Physical Development of Toddlers

12 months–24 months

Walks backwards
Climbs stairs
Climbs on furniture
Manipulates or opens small containers
Removes simple clothing, such as shoe and bib
Builds three blocks into a tower
Turns pages in a book
Gets first tooth
Pushes and pulls objects
Begins bladder/bowel control

2 years–3 years

Walks erectly at even pace
Runs
Throws ball overhead
Kicks ball forward
Scribbles
Walks a two-inch-wide beam on ground

Physical Development of Preschoolers

3 years–4 years

Runs, jumps, gallops, skips (arms and legs coordinate)
Hops on one foot two or three times
Walks a circular line a short distance
Marches or dances to rhythm
Jumps over a rope with both feet together
Rides and pedals wheeled toys
Bounces a ball
Strings beads
Uses scissors, glue, crayons, and pencils or markers
Recognizes and cuts out various shapes
Can copy a circle (o) and a plus sign (+)
Dresses self except for tying
Works simple puzzles

4 years–5 years

Balances on one foot for about six seconds
Climbs playground equipment
Draws rectangles and squares differently
High-jumps over eight-inch obstacles
Bounces ball three- to four-feet-high
Prefers the right or left hand
Constructs block towers creating complex structures
Draws letters of the alphabet

Nine-feet Stages of Development

Using Chapter 14 of your Reference Book, you and your team are responsible for researching and presenting information to the class on the assigned age group of children. Your group will be provided nine feet of butcher paper to depict all of the information about your respective age group. Be creative!

A worksheet is provided for you to take notes and will help you in organizing the information for your presentation. Vocabulary words also need to be illustrated and presented to the class.

Although this assignment focuses on emotional and social development of children, it could be adapted to include physical and cognitive development as well.

Assignment:

Team Members:

BEST COPY AVAILABLE

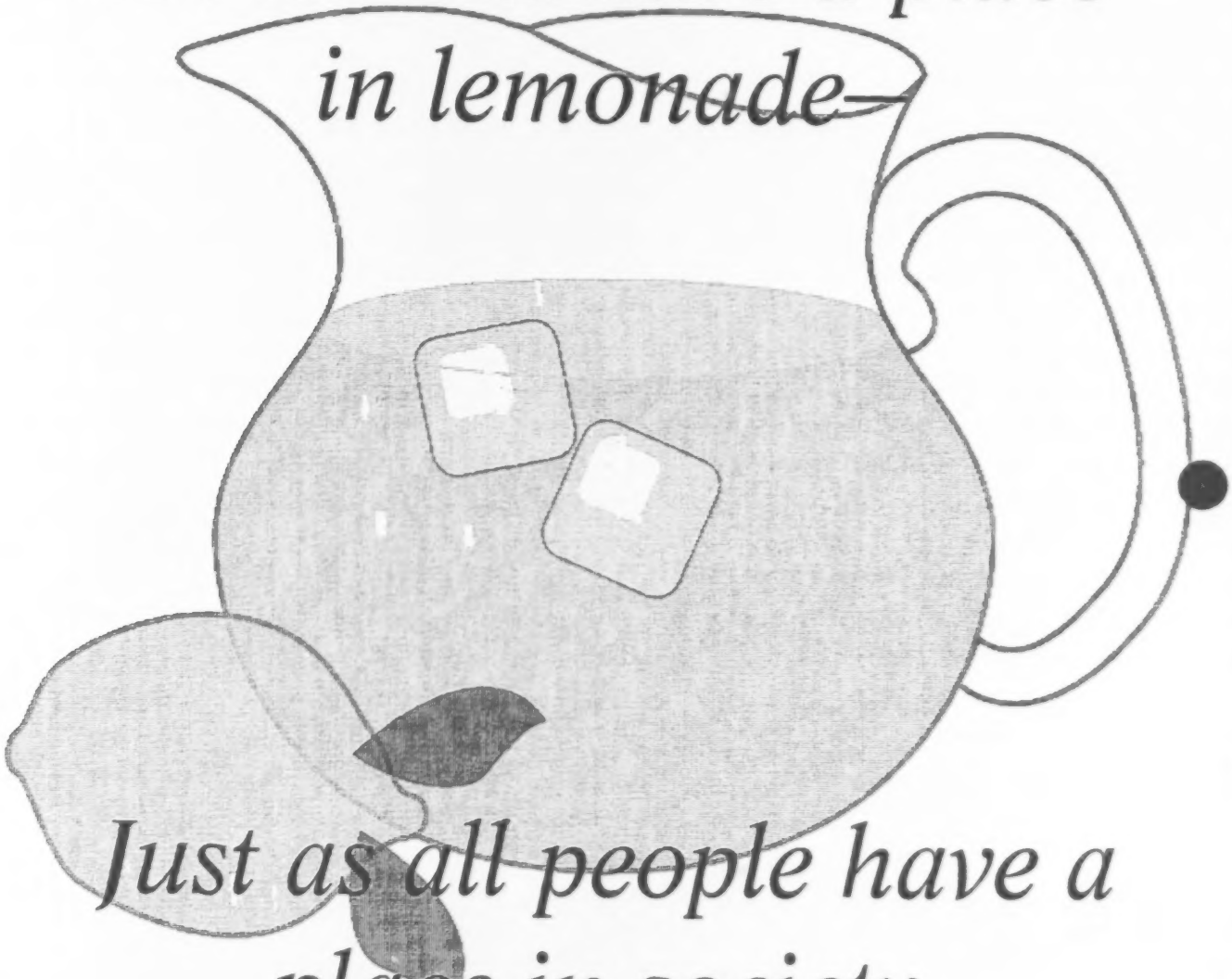
TA 53b

Age Group: _____

Emotional Development	Social Development	Intellectual Development	Physical Development

Vocabulary Words:

All lemons have a place in lemonade



Just as all people have a place in society.

BEST COPY AVAILABLE

Observing Emotional and Social Development

Select one child (infant or toddler) in the child care setting. Based on class discussions and your readings, what kinds of examples have you seen?

Age of child:_____ Gender of child: _____

Emotional Development

Temperament

Trust

Autonomy

Negativism

Fears

Consistent Care

Social Development

Responses of Caregivers

Discipline

Attachment

Emotional and Social Development of School-age Children and Adolescents

Emotional Development	Social Development

Web Site Evaluation

Title of the Site: _____

URL: _____

▲ Evaluate the Web site you visited using the criteria described below. Circle the number you think the site deserves for each category. Justify your rating by writing a brief explanation using the space provided.

Key: 4 = Excellent, 3 = Satisfactory, 2 = Unsatisfactory, 1 = Poor

Criteria	Ranking	Explanation
Publisher is a reputable organization	4 3 2 1	
Information is reliable	4 3 2 1	
Sources of information are stated (Information can be verified)	4 3 2 1	
Author can be contacted for clarification	4 3 2 1	
Material at this site is useful, unique, and accurate	4 3 2 1	
Purpose of the resource is clearly stated	4 3 2 1	
Site contains original information not simply links	4 3 2 1	
Web site is updated frequently Date of last update: _____	4 3 2 1	
Ease of movement from page to page, link to link, and item to item	4 3 2 1	
Graphics/sounds/video make a significant contribution to the site	4 3 2 1	
Each graphic/sound/video serves a clear purpose	4 3 2 1	
Site has its own search engine	4 3 2 1	
Site is easily browsable or searchable	4 3 2 1	
Web site accessibility is fast (response time)	4 3 2 1	
Limited number of links lead to dead-ends	4 3 2 1	
Non-members have access to all or part of the site	4 3 2 1	
A name and password must be registered before having access to the site	4 3 2 1	
Overall Web site evaluation	4 3 2 1	

Lesson Plan Template

Audience:

Instructor:

Location:

Course:

Time:

Date:

Major Concept:

Terminal Objectives:

Establishment of Set:

Objectives	Content	Learning Experience

Closure:

Plans for Evaluation:

Resources Needed:

Lesson Plan Template

Focus:

Teaching Materials:

Specific Objectives	Content	Learning Experiences

Summary/Closing:

Evaluation:

Resources:

BEST COPY AVAILABLE

Observation: Learning Centers Checklist

Part I.

Directions: Observe learning centers located within a child care facility. Your observations should last at least one hour but may spread over several visits. Look for evidence of the items listed below. Record your findings by placing a check mark (✓) in the appropriate column. Use the "Comments" column to record additional details.

Site:_____

Age range of children: _____ Date of observation: _____

Designate the Learning Centers you observed by placing a check mark (✓) in the appropriate space.

Art _____ Block _____ Computer/Technology _____

Dramatic Play _____ Language Arts _____ Manipulative Play _____

Math _____ Music _____ Quiet Center _____ Science _____

Woodworking _____

Other _____

Observed Details	Yes	No	Comments
1. The learning centers give a friendly welcome to children.			
2. There are boundaries separating the different centers.			
3. Space requirements per child are in keeping with State minimum standards.			
4. Furnishings in the learning centers are child size.			
5. Furnishings in the learning center are sturdy.			
6. Each center has a choice of activities.			
7. Activities are appropriate to each child's developmental needs.			
8. Learning centers provide experiences for children of both genders.			
9. Learning centers provide experiences for varying abilities including special needs.			
10. There is a mix of self-directed and teacher-facilitated play.			

Part II.

Directions: Summarize your observations by answering the following questions. Write your answers in the spaces provided.

1. In which learning centers are children allowed to work independently?_____

   _____

   _____

   Which centers are teacher directed?_____

   _____

   _____

2. How do children choose which learning centers to use?

3. How is the number of children in each center controlled?

4. What centers appeared to be the most popular?

   List reasons why you think this is so.

5. What centers appeared to be the least popular?

   List reasons why you think this is so.

Computer Program/Software Rating Scale

Directions: Rate a child-oriented computer program or software. For each factor listed, circle the number that indicates how well the program or software performs. Refer to the rating scale below. A "Comments" column is provided to record any additional details you wish to remember or any judgements you think would help educators in evaluating this program or software for use.

Rating scale
4 = Excellent
3 = Better Than Average
2 = Satisfactory/Average
1 = Unsatisfactory

Factor	Rating	Comments
1. Easy to download.	4 3 2 1	
2. Instructions are simple, easy to understand.	4 3 2 1	
3. Instructions are easy to read.	4 3 2 1	
4. Graphics are interesting and add to the overall visuals.	4 3 2 1	
5. Graphics are colorful.	4 3 2 1	
6. Graphics are animated.	4 3 2 1	
7. Audio is used appropriately.	4 3 2 1	
8. There are clear signals for right and wrong answers.	4 3 2 1	
9. A child can negotiate this program/software without too much help or supervision.	4 3 2 1	
10. There are a variety of games or problems provided.	4 3 2 1	

Suggested age group for this program software:

This program software is appropriate for the listed age group _____ Yes _____ No

I would recommend this program/software _____ Yes _____ No

Additional comments: _____

_____

_____

Homemade Rhythm Instruments

Instrument	Materials	Methods
1. Tambourine	Aluminum pie plates Flattened bottle tops Spool of thin wire Paint	Paint designs on pie plates. Flatten bottle tops, and attach tops to plates after stringing wire through the bottle tops.
2. Maracas	Small ice cream cartons Pebbles Paint	Decorate cartons, fill with pebbles, and tape closed.
3. Tennis Ball Maracas	Tennis ball Pebbles Smooth stick	Cut a small hole in the ball. Insert pebbles and place stick in hole for handle.
4. Drum	Oatmeal box Paint String	Decorate oatmeal box. Tie string around the box to hang from the neck.
5. Tin Can Drum	Large no. 10 can Old inner tube Heavy cord	Cut out ends of can, stretch inner tube over both ends, and attach the inner tube with firm cord.
6. Drumsticks	Broom handles or wooden spoons	Sand wood smooth and paint.
7. Bells	Elastic Jingle bells	Attach bells to a ring of elastic.
8. Bells	Paper cup Bells Scotch tape	Place bells inside cup. Fasten two cups together with scotch tape.
9. Horns	Small paper tube Construction paper Waxed paper Rubber band or paste	Cover paper tube with construction paper. Cover one end with waxed paper and glue it in place. Punch three or four holes down the middle of the tube. Blow on the open end.
10. Sand Blocks	Two wooden blocks Sandpaper	Glue sandpaper to one side of each of the blocks.

Anecdotal Record

Child's Name: _____ **Child's Age:** _____
(First name only — Remember Confidentiality)

Date: _____ **Time:** _____ **Setting:** _____

Observer: _____

Description of the Incident:

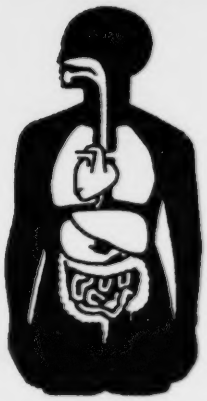
_____
_____
_____
_____
_____
_____
_____
_____

Child's Actions/Conversations:

_____
_____
_____
_____
_____
_____
_____
_____

Responses of Other Children/Adults:

_____
_____
_____
_____
_____
_____
_____
_____



Understanding Basic Human Body Systems

Explanation

Cells are the basic unit structure of all living things, and all life activities are performed by cells. In *one-celled organisms*, a single cell must perform all life functions by itself. In *multi-celled organisms*, similar cells performing a special job are grouped into tissues. Tissues that work together to perform a specific function form organs, and organs that work together to carry on a major life function form systems.

The human body is composed of the following systems that carry on basic life processes.

- **Digestive System**—*Digestion*, performed by the digestive system, is the process of breaking food down into materials that can be absorbed and used by body cells. Organs in the digestive system include the mouth, salivary glands, esophagus, stomach, small intestine, large intestine, gall bladder, pancreas, and liver.

- **Respiratory System**—*Respiration* is the release of energy from digested food. The respiratory system consists of the nose and mouth, respiratory passages, lungs, and diaphragm. When oxygen is delivered via the blood cells, it is combined with glucose in a chemical process that releases energy and produces wastes in the form of carbon dioxide and water.

- **Excretory System**—*Excretion* is the elimination of wastes from the body. The lungs, kidneys, and skin are organs that perform the excretion process. Carbon dioxide and water produced during respiration are exhaled through the lungs. Water, salt, and other wastes are excreted through the skin as sweat. The kidneys perform the main functions of excretion by filtering wastes from the blood and producing urine which is eliminated through the ureters, bladder, and urethra.

- **Circulatory System**—The *circulatory system* transports materials in the blood to and from cells throughout the body. It consists of blood, heart, blood vessels, and lympathics.

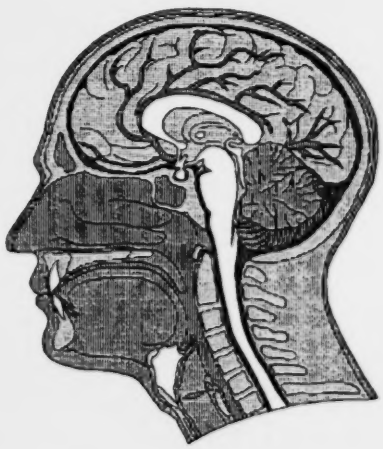
Understanding Basic Human Body Systems, cont'd.

- **Nervous System**–The *nervous system*, consisting of the brain, spinal cord, and sense organs, is the communications center of the body. Its functions include relaying messages, processing information, and regulating body activities.

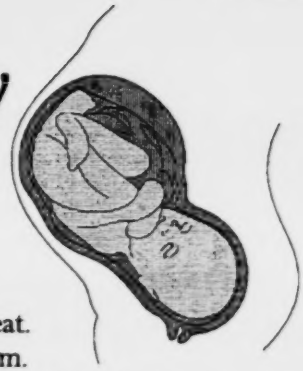
- **Endocrine System**–The *endocrine system* controls and regulates body activities through production of chemicals called hormones. Organs in the human endocrine system include the pituitary glands, thyroid glands, parathyroid glands, adrenal glands, pancreas, and ovaries or testes.

- **Skeletal System**–Functions of support and movement are enabled by the skeletal and muscular systems of the body. The *skeletal system* consists of bones and joints that support and shape the body and permit movement. Skeletal muscles work with bones to produce movement.

- **Reproductive System**–The *reproductive system* enables the production of offspring. The testes are the male reproductive organs; ovaries are female reproductive organs.



The Developing Baby



Month 1

For the first 8 weeks, the developing baby is called an "embryo."
Tiny limb buds, which will grow into arms and legs, appear.
The embryo looks like a tadpole.
The heart and lungs begin to form. By the 25th day, the heart starts to beat.
The neural tube, which becomes the brain and spinal cord, begins to form.
At the end of the first month, the embryo is about 1/2 inch long and weighs less than one ounce.

Month 2

All major body organs and systems are formed but not completely developed.
The early stages of the placenta, which exchanges nutrients from the mother's body for waste products produced by the baby, are visible and working.
The ears, ankles, and wrists form. The eyelids form and grow but are sealed shut.
Fingers and toes develop.
By the end of the second month, the fetus looks more like a person than a tadpole, is about 1 inch long, and still weighs less than one ounce.

Month 3

After 8 weeks as an embryo, the baby is now called a "fetus."
The fingers and toes have soft nails.
The mouth has 20 buds that will become "baby teeth."
The baby's heartbeat can be heard for the first time (10 to 12 weeks) using a special instrument called a "Doptone."
For the rest of the pregnancy, the body organs will mature, and the fetus will gain weight.
By the end of this month, the fetus is 2 1/2 inches long and weighs a little over one ounce.

Month 4

The fetus moves, kicks, and swallows.
The skin is pink and transparent.
The umbilical cord continues to grow and thicken to carry enough nourishment from mother to fetus–but it can pass along hazards like nicotine, alcohol, and other drugs.
The placenta is fully formed.
By the end of the fourth month, the fetus is 6 to 7 inches long and weighs about five ounces.

Month 5

The fetus becomes more active, turning from side to side and sometimes head over heels.
The fingernails have grown to the tips of the fingers.
The fetus sleeps and wakes at regular intervals.
The fetus has a month of rapid growth. At the end of the fifth month, the fetus is 8 to 12 inches long and weighs 1/2 to 1 pound.

The Developing Baby, cont'd.

Month 6

The skin is red and wrinkled and covered with fine, soft hair.
The eyelids begin to part and the eyes open.
The finger and toe prints can be seen.
The fetus continues its rapid growth. At the end of the sixth month, the fetus is 11 to 14 inches long and weighs 1 to 1 1/2 pounds.
If born now, the fetus might survive with intensive care.

Month 7

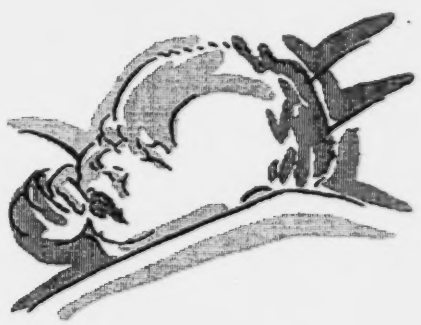
The fetus can open and close its eyes and suck its thumb.
The fetus exercises by kicking and stretching.
The fetus responds to light and sound.
If born now, the fetus has a good chance for survival.
The fetus is now about 15 inches long and weighs about 3 pounds.

Month 8

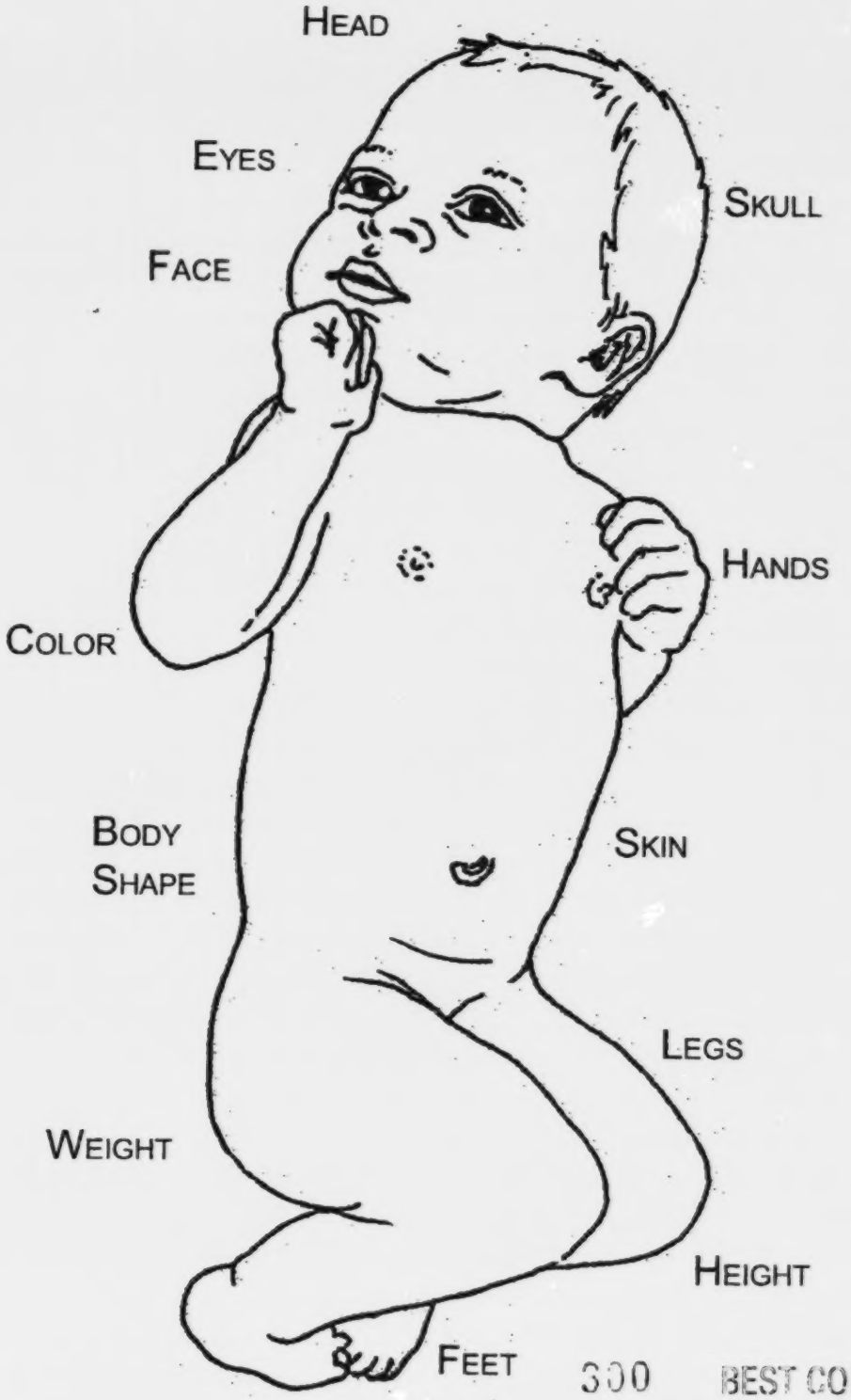
Rapid brain growth continues.
The fetus is too big to move around much but can kick strongly and roll around.
The mother may notice the shape of an elbow or heel against her belly.
The bones of the head are soft and flexible to make it easier for the baby to fit through the birth canal.
The lungs may still be immature. If born now, before 37 weeks, the fetus is premature but has an excellent chance for survival.
The fetus is now about 18 inches long and weighs about 5 pounds.

Month 9

At 37 to 40 weeks, the baby is "full term."
The baby's lungs are mature and ready to work on their own.
During this month, the baby gains about 1/2 pound a week.
The baby moves into position to be born, usually "dropping" into a head-down position and resting lower in the mother's belly.
By the end of the ninth month, the baby weighs 6 to 9 pounds and is 19 to 21 inches long.



Characteristics of the Newborn



BEST COPY AVAILABLE

Observing Infants at Different Stages of Development

Directions: Describe evidence of development in the appropriate box.

Infants	Physical Development	Emotional Development	Social Development	Cognitive Development
Birth to Four Months				
Four Months to Eight Months				
Eight Months to Twelve Months				

Observing Infants at Different Stages of Development, cont'd.

1. What evidence do you see of general patterns of development?

2. What strategies did the parent or caregiver use in optimizing development of their infant?

3. In general, what differences did you observe between the three infants?

Tender Care

Hearing and Talking

Infants can hear even before they are born. Infants do different things when they hear sounds, they make sounds. Infants may make a short "ah" sound as early as two to four weeks of age. As the infant grows, the "ah" sound will become coos, gurgles, and bubbles, then will turn into the letter sounds of real speech.

Smile Activity

This is a game to play when you are feeding, bathing, diapering, or holding the infant. Make eye contact with the infant and talk, sing, coo, gurgle, babble, and smile, smile, smile. The infant will quickly catch on and move and make sounds back to you.

Seeing

Babies can see as soon as they are born. Newborn babies can see the differences between light and dark, and soon see colors. Encouraging the infant to look at different colors, patterns, and objects strengthens the eye muscles. By providing the infant with bright and different things to look at, you are helping the child to learn that the world is an interesting place.

Watch the Light Activity

Cover a small flashlight with red or yellow cellophane. Move the flashlight slowly from side to side in front of the infant's face. Do not shine the light directly into the infant's eyes. Gradually, the infant will follow the light with his/her eyes.

Touching and Feeling

Touching the infant is one of the most important things you can do. Touching shows infants that you love and care about them and that you are there to help them learn and grow.

Rattle Touch Activity

Gently roll a round rattle across the infant's stomach and back, up and down the arms and legs, and against the bottoms of the feet. Talk to the infant about the parts of the body as the rattle touches them.

Tender Care, cont'd.

Reaching and Grasping

Infants are born with a grasp and a reaching reflex. Infants will automatically open and close their fingers tightly around any object placed in the palm of the hand. At first the reach is slow and clumsy; however, it will become quick and accurate after a few months of practice. It is important to help the infant learn to reach and grab things. The infant's arms and hands are able to reach and grasp most easily when the body is well supported. The infant likes to explore objects and people; therefore, reaching and grasping are important.

Hands Open Activity

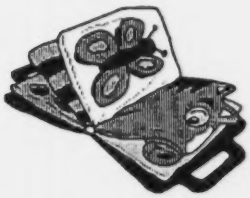
Move infants' arms up and down gently until the infant's fists open. Opening the fists indicates that the infant's arms are relaxed. Move the infants' hands to touch their face and body and your face and hands.

Movement

The infant's physical development follows a fixed order. First the infant will have control over the head and neck muscles, followed by control over arms, hands, trunk, and finally legs and feet. Physical stimulation provided by the caregiver will encourage muscle control.

Leg Highs Activity

Put your fingers behind the infant's knees. Lift the legs very slowly and gently to straighten them and spread them apart. Wait until the infant's muscles are relaxed before going on with exercise. Do not force the infant's body.



Books For Babies

Boynton, Sandra. (1982). *The Going to Bed Book.* New York: Little Simon Merchandise.
A bedtime story that never grows old. It tells the story of a comic group of animals and their funny bedtime practices. Sandra Boynton has written a number of other engaging books, including *Doggies* and *Moo, Baa, LaLaLa.* ISBN: 0-6714-4902-8

Brown, Margaret Wise. (1991). *Goodnight Moon.* New York: HarperCollins.
An all-time favorite bedtime story. The engaging rhymes, imaginative story and delightfully detailed illustrations make this a book that you will enjoy reading and your child will enjoy hearing again and again. ISBN: 0-6940-0361-1

Brown, Margaret Wise. (1974). The *Runaway Bunny.* New York: HarperCollins.
A classic book for very young children that tells the story of a baby bunny who threatens to run away but has a mother who always promises to find him. The fanciful drawings are unforgettable.
ISBN: 0-0602-0765-5

Carle, Eric. (1996). *Brown Bear, Brown Bear, What Do You See?* New York: Henry Holt.
A contemporary classic with gentle rhyming and tissue-paper collage illustrations. Children love it! ISBN: 0-8050-4790-5

Carle, Eric. (1994). *The Very Hungry Caterpillar Board Book.* New York: Scott Foresman.
This is a classic tale of a caterpillar who eats his way through the days of the week.
ISBN: 0-3992-2690-7

Cousins, Lucy. (1996). *Humpty Dumpty and Other Nursery Rhymes.* New York: Dutton.
One of a series of board books with bright illustrations and some of the best known nursery rhymes. ISBN: 0-5254-5675-9

Gerth, Melanie. (2001). *Ten Little Ladybugs.* New York: Piggy Toes Press.
One by one, ten tactile ladybugs disappear. Provides hands-on learning experience and the rhyming text reinforces the counting concept. ISBN: 1-5811-7091-2

Kunhardt, Dorothy. (2001). *Pat the Bunny.* New York: A Golden Book.
A classic book, first published in the 1940s. It has stood the test of time because it gives babies the opportunity to mimic what the young children in the story do – pat the fuzzy bunny, look at oneself in the mirror, wave good-bye. ISBN: 0-3071-2000-7

Marzollo, Jean. (1998). *I Spy Little Animals.* New York: Cartwheel Books.
A small boardbook with beautiful photographs of little animals. ISBN: 0-5901-1711-4

Books For Babies, cont'd.

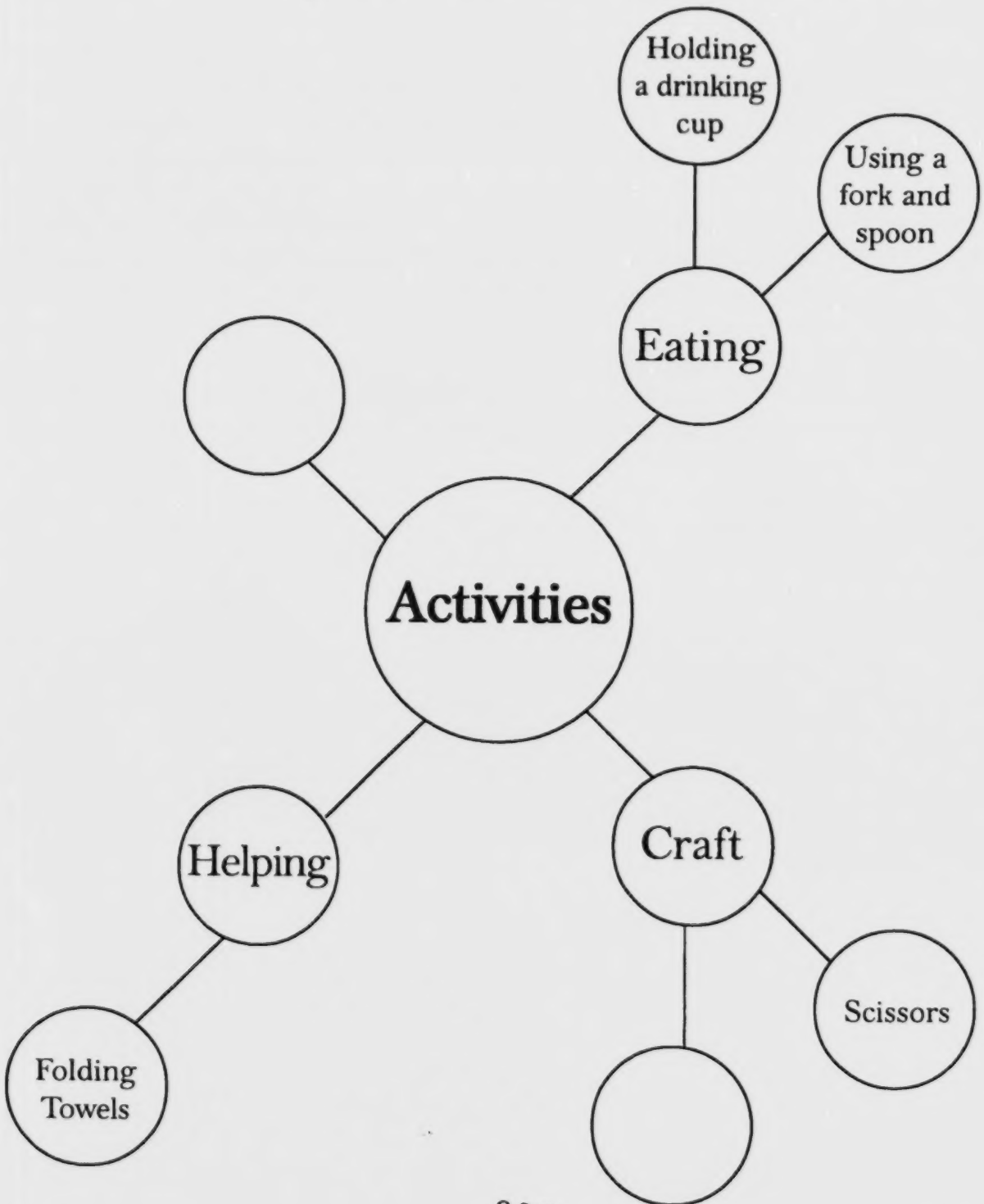
Oxenbury, Helen. (1995). *Little Baby Books.* Cambridge, MA: Candlewick Press.
This is a boxed four-part series of books: *I Can, I See, I Touch,* and *I Hear.* These wonderful books engage all of your baby's senses. ISBN: 1-5640-2691-4

Wells, Rosemary. (1998). *Max's New Suit.* New York: Dial Books for Young Readers.
Max, the bunny, insists on dressing himself in his own way. This is one of a series of books that young children and adults will find amusing. ISBN: 0-8037-2270-2

Who's My Baby. (1994). New York: DK Publishing, Inc.
Beautiful photographs of animals and their babies are depicted. There are other books in this series. ISBN: 1-5645-8735-5

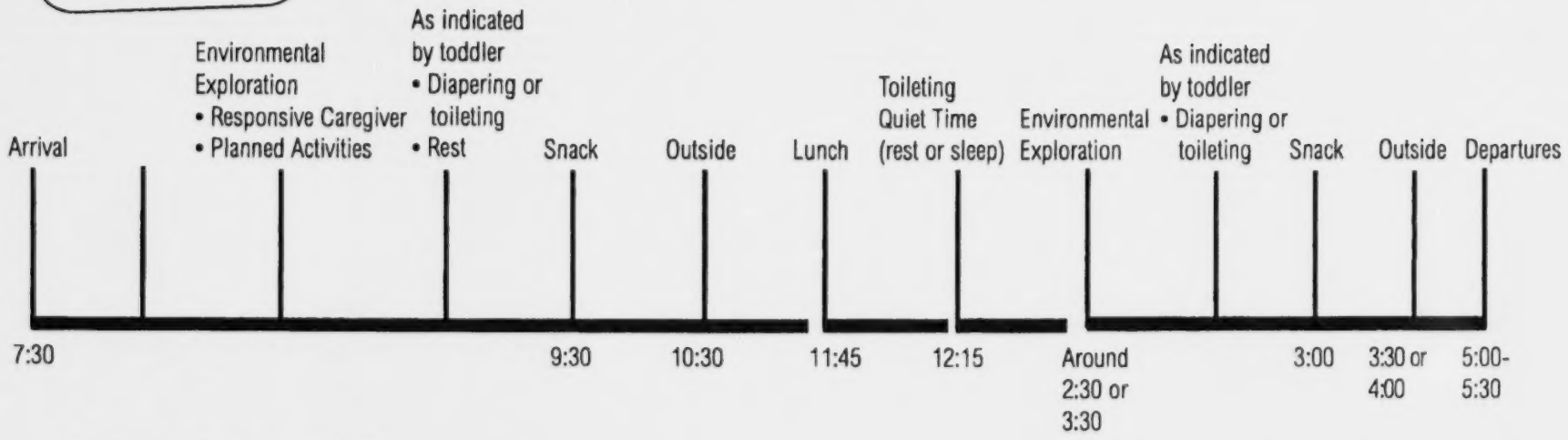
Witte, Pat & Witte, Eve. (1961). *Touch Me Book.* New York: Golden Books.
This book gives babies many wonderful opportunities to touch different textures, such as soft fur and scratchy sandpaper. ISBN: 0-3071-2146-1

Fine Motor Skill Activities for Toddlers

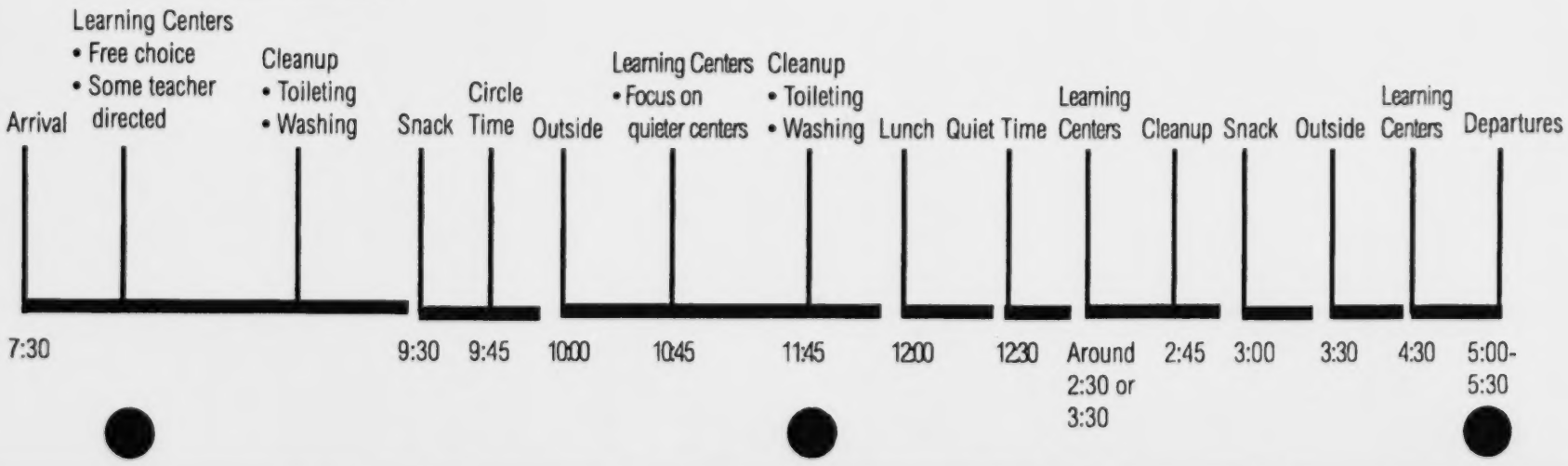


Sample Well-Balanced Schedules

Toddlers



Preschoolers



BEST COPY AVAILABLE

Daily Schedules: Planning the Sequence of Events

• Schedules should be appropriate for the developmental level of children in the group. For example, a daily schedule for toddlers would be different from a schedule for preschoolers.

• Schedules should also be arranged around basic blocks of time, including the following routines:

Arrival	Free Choice Learning Centers
Snack	Outside Play
Large or Small Group Time	Lunch
Nap or Rest	Departure

• Transitions between time blocks should always be planned for.

• Children should spend most of the day in large time blocks in which they are free to explore the prepared environment.

• Time for health care routines should be included.

• Time blocks should alternate to balance the following activities:

Large Motor and Small Motor Activities
Adult-initiated and Child-initiated Activities
Structured and Unstructured Activities

• Large group time periods when the caregiver leads an activity, such as story, discussion, music, or dance, should be about 15 to 20 minutes long for four- and five-year-old children. Ten minutes is appropriate for younger children.

• Small group time periods allow the children to have the caregiver and two or three peers working together on a project, such as cooking, science exploration, puppet play, or more responsive story sharing.

• Consistency and flexibility are important in implementing the schedule; unexpected events should be prepared for.

BEST COPY AVAILABLE
TA 71

Preschool Teaching Methods

Discovery Model	Instructional Model
Advantages	Advantages
√ Children can explore and experiment √ Especially beneficial to gifted children √ Allows decision-making and reasoning √ Encourages hypothesis (What if?) √ Promotes independence √ Others?_____	√ Adults have more control √ Adults plan appropriate goals √ Adults plan specific experiences √ Children follow rules, learn limits √ Others?_____
Disadvantages	Disadvantages
✗ Adults must provide wide array of materials to explore ✗ Adults do not get to guide learning through specific activities ✗ Children may not learn to follow rules as well ✗ Others?_____	✗ Children are less independent ✗ Children do not get to practice decision-making ✗ Children have less spontaneous learning ✗ Adults have fewer opportunities to observe decision-making skills ✗ Others?_____

Types of Play

Unoccupied Behavior

The child apparently is not playing, but occupies himself with watching anything that happens to be of momentary interest.

Onlooker

The child spends most of her time watching other children play. This type of play differs from unoccupied play in that the onlooker is observing particular children instead of anything that happens to be of interest.

Solitary Independent Play

The child plays alone and independently with toys that are different from those used by other children nearby. He or she pays no attention to the activities of other children.

Parallel Activity

The child plays independently, but plays beside other children. There is no attempt to control the other children's play.

Associative Play

The child plays with other children and discusses the activity. Mild attempts may occur to control who plays in the group. All members engage in similar or identical activity; there is no division of labor.

Cooperative or Organized Supplementary Play

The child plays in a group that is organized for the purpose of making some material product, striving to attain some competitive goal, dramatizing real life situations, or playing formal games. There is a marked sense of belonging or of not belonging to the group. There are leaders and followers in the group. There is a division of labor.

Guidelines for Book Selection for Preschoolers

Directions: Use this form to evaluate children's books. You will need to read one book to a child from three to five years old in order to test some of the guidelines.

Title of the Book:_____

Was this book well-liked by a preschool child?

Was this book an appropriate length for his or her attention span?

Did it frighten or confuse the child?

Did the child recognize familiar people, places, or things?

Did the book encourage the child to use imagination?

Was the book full of active events?

Were the illustrations appealing, colorful, and simple?

Did the book contain more pictures than words?

Was there evidence of sex stereotyping in the book, such as mothers that do not work and doctors who are all men?

What is your overall opinion of this book?

BEST COPY AVAILABLE

Traits Associated with Learning Disabilities

Impulsive–Acts quickly before thinking; plans poorly; behaves recklessly; has poor judgement.

Short Attention Span–Cannot concentrate on a task as long as other children; changes activities often; frequently does not complete tasks.

Distractible–Easily shifts attention when another stimulus occurs; cannot easily return to original task.

Hyperactive–Generally moves around a lot; is constantly distracted; talks a lot; cannot seem to sit still for any length of time.

Hypoactive–Does not seem as active as other children in the group; may appear sleepy and may appear to move in slow motion.

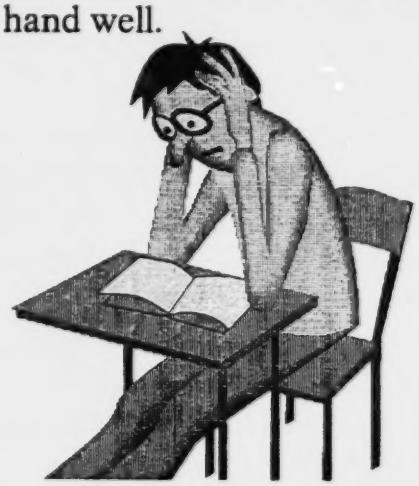
Unable to follow directions–May hear and understand directions but quickly forgets; may not understand what was said.

Perseverative–Repeats an activity over and over; may not know how to stop; does not change easily from one activity to another.

Awkward–Much clumsier than other children of the same age; may bump into things and people frequently; may have both small and large motor coordination difficulty.

Conflictive with Other Children–Often has trouble getting along with others; may irritate other children in the class.

Unestablished Handedness–By age three or four the child still has not established handedness; cannot use either hand well.



GUIDELINES FOR A CLASSROOM DEBATE

Discussion, Disagreement, and Debate: What's the difference?

Discussion:

- People talking to reach conclusions, to give and receive information, or to express their ideas in an informal and unplanned manner.

Disagreement:

- A disagreement stems from a discussion when individuals' opinions, thoughts, and beliefs differ.
- Like a discussion, a disagreement is usually informal and unprepared.

Debate:

- Opposing viewpoints are presented in a balanced, well organized, and researched manner by individuals or teams to persuade others of their position.
- Participants must have evidence to support their viewpoint.
- A debate does not "prove" or "decide" an issue. The team that offers the strongest debate gives better information for their arguments and effectively addresses arguments from the opposing team.
- In a debate, teams do not "have" arguments, they "present" arguments.
- The team that is "for" the proposition is called the ***affirmative team***. The team that is "against" the proposition is called the ***negative team***.

Preparing and Conducting a Classroom Debate:

1. **Select a topic.**

2. **State a proposition.** A ***proposition*** is the statement of opinions, thoughts, or beliefs on a particular viewpoint.

3. **Select teams.** Select the affirmative and negative teams and a chairperson for each team.

4. **List arguments.** Each team should list their arguments, choose their four strongest arguments, and predict their opponent's four strongest arguments.

5. **Appoint speakers.** Team members can select speakers, or each team member can present one or more arguments.

6. **Research and prepare evidence.** Teams should research and prepare evidence supporting the arguments and prepare a summary statement. Information should not be shared with the other team.

7. **Rehearse the debate.** Teams should rehearse the debate, but the other team should not hear the rehearsal. Arguments should be covered from the least important to the most important.

8. **Conduct the debate.** Team members will state positions they feel are true and will take turns explaining why their position is right and the opponent's position is wrong. An equal number of people should speak in an established order for equal amounts of time.

9. **Present decision of audience.** An audience will listen to the debates and decide which team presented the strongest case for their team's arguments.

Hurry Up!

Supplies:

- Beads, marbles, round objects of various sizes
- Plastic containers with varying sizes of openings (i.e., soft drink bottles, milk bottles, water bottles, storage bottles with wide mouths)
- Small Spoons

Distribute the plastic containers and the round objects. Provide students with a small spoon. Tell students that they will be putting the round objects into the bottles using the small spoons. The students with the wide mouth containers will use the spoons in their non-dominate hands to pick up the objects and place them in the containers. Give students 3-5 minutes to complete the activity.

As students are completing the task, walk around the room and make comments such as, "Hurry." "Don't let any of those drop." "Everyone is moving faster than you. Why can't you seem to get this done?" "What's the problem?"

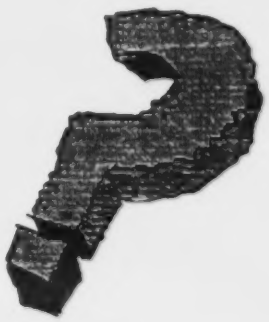
Lead a discussion about students' feelings of frustrations following the activity.

Key Questions:

- How did you feel as you tried to do the activity and the teacher put pressure on you?

- How do teachers sometimes do this to students?

- What are some ways teachers can help students be successful in this type of activity?



Signs Which May Indicate Visual Impairments: A Check List

Directions:
After you have observed and worked with a child for some time as a caregiver, you should be able to complete this informal checklist. If you check "Yes" for any of the items, report your observations to your program director. Further assessment may be advisable. Remember, such a checklist is not used to diagnose a child's disability.

Behavior

	Yes	No
Rubs eyes excessively.	❑	❑
Shuts or covers one eye, tilts head, or thrusts head forward.	❑	❑
Has difficulty in work that requires close use of the eyes (such as putting puzzle parts together or matching identical shapes).	❑	❑
Blinks more than usual or is irritable when doing close work.	❑	❑
Holds objects close to eyes.	❑	❑
Is unable to see distant things clearly.	❑	❑
Squints eyelids together or frowns.	❑	❑

Appearance

Crossed eyes.	❑	❑
Eyelids are red-rimmed, crusty, or swollen.	❑	❑
Eyes are inflamed or watery.	❑	❑
Recurring styes (small inflamed swellings on the rim of the eyelid).	❑	❑

Complaints

Eyes itch, burn, or feel scratchy.	❑	❑
Cannot see well.	❑	❑
Dizziness, headaches, or nausea following close eye work.	❑	❑
Blurred or double vision.	❑	❑

Caring for Children with Visual Impairments

Provide an environment that permits children to explore and use materials with as little help as possible.

Provide sensory training experiences in the tactile, auditory, taste, smell, visual, and kinesthetic areas.

Control light for maximum comfort of partially sighted children; teach colors of everyday objects; use simply illustrated drawings.

Provide many concrete experiences that involve the other senses.

Use language to describe what is happening in the environment that the child cannot see.

Be sure children are encouraged to participate and stay active along with the other children.

Teach simple mobility techniques, such as how to walk down a hallway and how to sit in a chair safely.

Create many opportunities for children to use remaining visual ability to the maximum.

Child Care Provider Interview: Caring for Children with Special Needs

1. What types of special needs are addressed within your facility?

2. Before agreeing to accept the child into the facility did you:
   A. meet with the parents and health care providers to discuss the particular needs of the child?
   B. research the disability using medical reference books and the Internet?
   C. consider the extra time you might need to devote to taking care of this child?
   D. consider how you could handle the extra time required to take care of this child without putting the other children in your care at increased risk for illness or injury or without causing you to neglect their needs?

3. What is the staff/child ratio on any given day? How does this ratio differ when the children with special needs are present?

4. Is special equipment required to accommodate children with special needs? If so, how did you learn to operate the equipment?

5. Are there special dietary needs? feeding needs? How are these needs managed?

6. Are medicines or medical procedures required?

7. Is the child with special needs placed within a group of children at a particular developmental level?

8. What are some examples of activities that have been modified so that the child with special needs can participate?

9. What types of physical changes were required to accommodate wheelchairs or other types of mechanical aids and equipment? (i.e., installing ramps, wide doors, restrooms that accommodate children in wheelchairs)

10. What types of housekeeping methods are necessary for keeping the floors clear of clutter? How are these methods enforced?

Additional Information:

Resources for Behavior Disorders

American Academy of Child & Adolescent Psychiatry (AACAP)
PUBLIC INFORMATION
Address: 3615 Wisconsin Ave., NW
Washington, DC 20016-3007
Voice: 202-966-7300
URL: *www.aacap.org*
Note: AACAP publishes an excellent series of on-line pamphlets on child and adolescent psychiatry topics

American Association of Psychiatric Services for Children
Address: 1133 15th St. NW
Washington, DC 20005
Voice: 202-429-9713

American Psychological Association (Division #37 – Child, Youth, and Family Services)
Address: Division 37 Administrative Office
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
Voice: 202-336-6013
URL: *www.apa.org/divisions/div37*

Association for Children's Mental Health
Toll-free: 1-800-782-0883

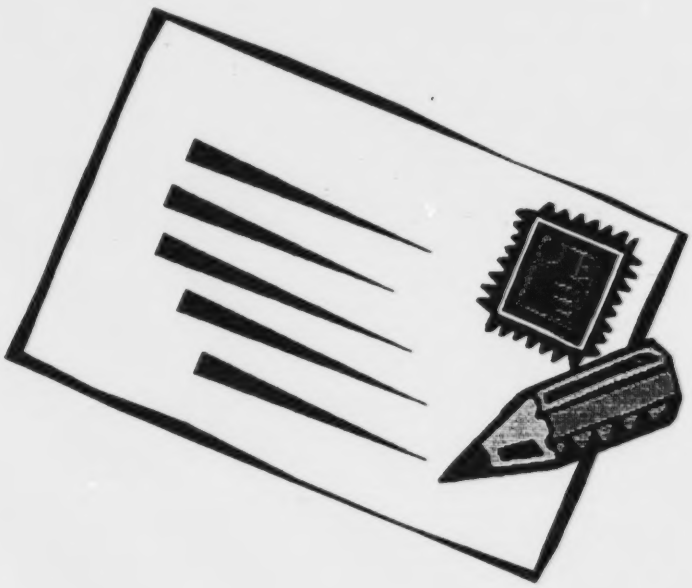
Council for Exceptional Children
Address: 1110 North Glebe Road, Suite 300
Arlington, VA 22201-5704
Toll-free: 1-888-CEC-SPED
URL: *www.cec.sped.org*

Resources for Behavior Disorders, cont'd.

National Mental Health Association
Address: 1021 Prince Street
Alexandria, VA 22314-2971
Toll-free: 1-800-969-6642
URL: *www.nmha.org*

National Institute of Mental Health
Address: NIMH Public Inquiries
6001 Executive Blvd., Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
Voice: 301-443-4513
URL: *www.nimh.nih.gov*

New York Families For Autistic Children, Inc.
Address: 95-16 Pitkin Ave.
Ozone Park, NY 11417
Voice: 718-641-6711
URL: *www.nyfac.org*



TA 82

Understanding Your Attitudes Toward Mainstreaming

Directions: For each item, circle the letter of the response which best describes how you would feel or what you would do in each situation.

1. If I were to meet an adult with a disability for the first time, I would feel
   A. shy and a little uncomfortable.
   B. like getting to know the person.

2. If I were expecting a new child with special needs in my group, I would
   A. go to the library and learn more.
   B. expect the child to have needs similar to my other children with special needs.

3. If I were involved in a mainstreamed program, I would feel that individual care and education plans are
   A. necessary for all children in the program.
   B. mainly for the children with special needs.

4. If I were to participate in a meeting to develop an Individualized Education Plan (IEP), I would feel
   A. that professionals know best and I should not say much.
   B. comfortable about expressing my ideas, even if they were different from the ideas of others in the group.

5. If I were to receive special training from a physical therapist in order to help one of the children, I would feel
   A. motivated and excited about learning new skills.
   B. that perhaps this should not really be a part of my job.

6. Though both are needed, during the first few days that a child with special needs was in my group, I would spend more time
   A. interacting with the child to help the child feel welcome.
   B. observing the child to identify special needs.

7. With children with special needs in my group, I would be the most concerned about
   A. maintaining order in the group,
   B. acceptance by the other children.

8. If I were keeping developmental records on the children, I would find it more useful to
   A. be alert to daily changes and keep notes.
   B. complete a developmental check list once a month.

9. If I were planning a physical exercise activity for the children, I would make sure a child in a wheelchair
   A. had something else to do that does not require physical activity.
   B. participated as much as possible in the activity.

10. If another child said, "Jenny doesn't have an arm," I would respond by
    A. changing the subject to call the child's attention away from Jenny's disability.
    B. acknowledging the child's observation of Jenny's disability in a matter-of-fact way.

Self-Help Skills

Dressing and Undressing

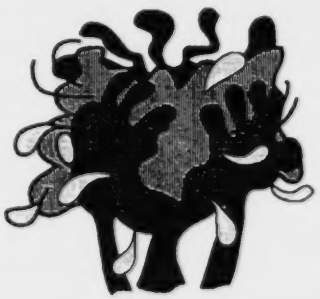
- ☺ Undergarments
- ☺ Pants/shorts (zippers, snaps, buttons, belts)
- ☺ Shirts/blouses (buttons)
- ☺ Dresses/skirts (buttons/bow ties)
- ☺ Shoes/socks (laces, buckles, Velcro)
- ☺ Coats/sweaters (buttons, zippers, ties)

Toileting

- ☺ Undressing and dressing
- ☺ Toileting
- ☺ Using toilet tissue
- ☺ Washing hands

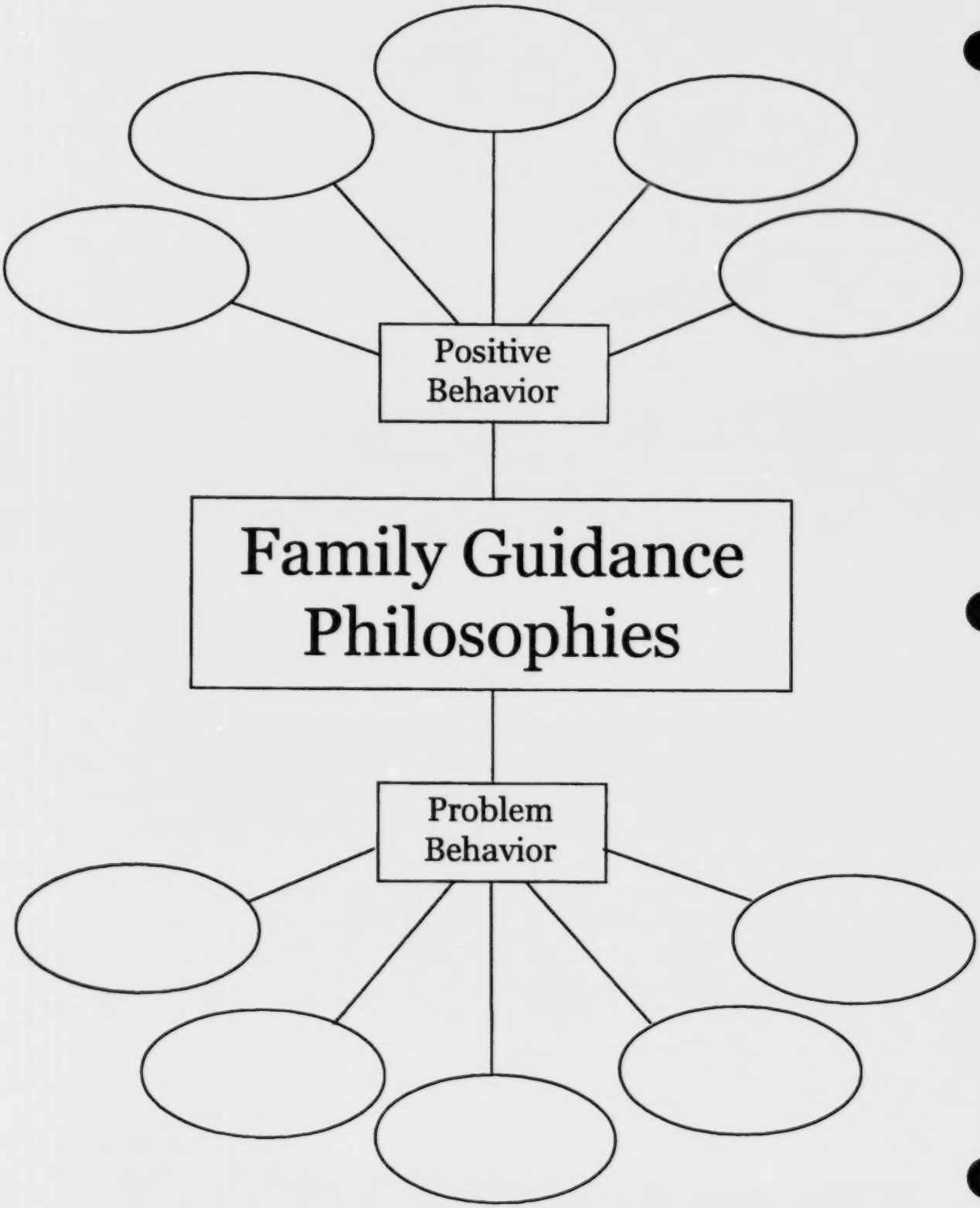
Grooming

- ☺ Brushing/combing hair
- ☺ Washing and drying hands
- ☺ Washing and drying face
- ☺ Brushing teeth
- ☺ Blowing and wiping nose



Eating and Drinking

- ☺ Using a cup or glass
- ☺ Using a spoon or fork to feed self
- ☺ Using a napkin
- ☺ Serving food to self
- ☺ Clearing off plate after meal


Positive
Behavior
Family Guidance
Philosophies
Problem
Behavior

A. Forms of Aggression

Accidental Aggression

A child is playing and accidentally hurts another child.

Examples: digging furiously in the sand and accidentally tossing sand into another child's face; throwing a ball and hitting another child in the face.
Others: _____

_____

Instrumental Aggression

A child purposely uses aggression to get what he/she wants.

Examples: Susan has the doll that Bobby wants, so he grabs it from her. Sylvia wants the tractor that Bill is driving outside, so she jumps in front of him and shoves him off the tractor.
Others: _____

_____

Hostile Aggression

A child understands that another child has the right to be playing with a certain toy, but does not care. The child deliberately takes the toy away. Verbal aggression usually accompanies this act.

Examples: John knows that each child wants his turn NOW! He yells at Ramiro in the art center, "You'd better leave now, Stupid. Your painting is just ugly anyway!"
Others: _____

_____

B. Developmental Aggression Patterns

Physical	*Verbal*	*Forms*	*Occasions*
⇒ peaks at 2-4 years	⇒ increases from 4-8 years	⇒ "instrumental" 2-4 years	⇒ after conflict with adult: 2-4 years
⇒ declines 4-8 years	⇒ rare from 2-4 years	⇒ "hostile" from 4-8 years	⇒ after conflict with peers: 4-8 years

BEST COPY AVAILABLE

When Should a Caregiver Intervene?

Directions: Read the following scenarios. Then discuss these questions, first in small groups, and then in the class as a whole.

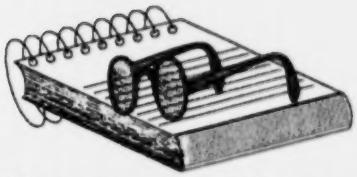
1. *What, if anything, could the caregiver have done to avoid the conflicts in each situation?*
2. *Why do you think each caregiver responded as he or she did?*
3. *What would you do if you were the caregiver?*

Scenario #1: Charlie is the caregiver for a group of fifteen two- and three-year olds. During outside play time, Charlie and an aide get out five tricycles and explain that the children will have to take turns. When Shae and Robin both try to get on the same tricycle, Charlie tells Robin to take a turn and then let Shae ride for a while. Charlie then goes to supervise the swing area, across the yard. Robin rides for a few minutes while Shae watches. When Shae decides it is his turn, he shouts at Robin and walks toward him. Instead of stopping, Robin tries to hit Shae with the tricycle. When Charlie sees what is happening he shouts at Robin to stop, but Robin runs over Shae's foot. When Charlie reaches the tricycle area, he comforts Shae. Then he tells Robin to ride around the path only one more time and it will be Shae's turn. Charlie stays and watches to make sure Robin follows his instructions to share.

Scenario #2: Kathy and Maria are playing in the housekeeping area with several other children. When the group decides they will play house, Maria says, "O.K., and I'll be the mama." Kathy frowns and shakes her head, saying, "No! You aren't big enough. I'm biggest. I'll be the mama." Carolyn, the caregiver, is supervising the block area next to the housekeeping area. She hears the discussion, but continues what she is doing. She hears Maria say, "You were the mother last time. It's my turn." Kathy says, "Well, if you're the mama, I won't play." She then turns and walks away. The other children continue playing, with Maria being the mother.

Scenario #3: Eduardo and Sally, two four-year olds, are in the sand box. Each has a dump truck, but Sally's is bigger. When Eduardo notices this he says, "Let's trade for a while. Your truck makes neat tracks in the sand." Sally refuses, saying that she had the truck first. John, the caregiver, looks up in time to see Eduardo throw sand in Sally's face. Sally jumps up and runs to John, crying. After John helps Sally wash her face, he asks what happened. Sally explains, and John walks with her back to the sandbox. He says, "Since neither of you can play nicely, put the trucks in the shed." Then John has both children sit quietly by themselves for the rest of the time outdoors.

Scenario #4: During free play time, Phillip comes to Rosa, his caregiver. He says excitedly, "Mark won't let me paint, and it's my turn!" Rosa asks, "How did you decide it was your turn?" "Because I've been waiting too long and Mark is spilling all the paint," replied Phillip. Rosa goes with Phillip to the easel, and says, "Mark, Phillip would like to ask you something." She says to Phillip, "Use words to tell Mark what you need." Phillip asks Mark when he will be finished. Mark replies he will be through soon. Rosa points out that there are some new books in the book area. She suggests that Phillip look at the books until Mark is finished. "Then you boys can trade places," she says.



Observation Techniques

Observation in a child care center means noting the behavior of children and adults during a specific time period. Gaining a better understanding of children's behavior should be the goal when making an observation. Observation helps child care students learn about children's development, abilities, relationships, and interests, as well as about the similarities and differences between children.

Students need to be as objective as possible when observing. Objectivity requires seeing and recording what actually takes place. Accurate note taking means recording only the facts, without adding personal opinions about why the child behaves in a certain way. Do no judge whether the behavior was "good," "bad," "right," or "wrong." Read over the observation notes and look for subjective (your own point of view) comments. Subjective opinions are not based on fact, but are based on feeling and opinions. These subjective opinions can be classified as:

1.) Inference–your opinion of why the child acted in a certain way,
2.) Value judgements–your opinion of whether the action was right or wrong, or
3.) Feelings–your own personal feelings about an action or behavior.

In order to make objective observations, keep the following guidelines in mind:

1. Focus on a specific topic or objective when observing. Some examples of topics are the following: physical growth, motor skills, solitary or group play, social development, or moral development.

2. Two people observing the same situation may not see the same thing. Remember this when writing observations and when reading other people's observations.

3. Discuss observation arrangements with the child care center teacher or director. The director may give you instructions on where to sit and helpful information on specific children.

4. Sit where you can easily observe what's going on, but far enough away so that you don't interfere in the children's activities.

5. Avoid any involvement or interaction with the children while observing. If a child asks you to play, say that you are busy and refer the child to another person who is not observing.

6. Try to be inconspicuous when observing. If the children know you are watching them, they may show-off or become self-conscious.

7. Keep focused on the observation. Avoid talking to fellow students because you may miss something important to the observation.

8. Remember to be alert and record all action, facial expressions, body movements, tone of voice, and language.

Caregiver Behavior That May Lead to Problem Behavior in Children

Changing Limits
If the caregiver often enforces limits one day but not the next, the children may learn to test their limits constantly because they are never sure what the limits are.

Using Poor Manners
If the caregiver plans lessons on manners and social living skills yet does not practice these, the children may learn that good manners are something you talk about but do not have to practice.

Not Keeping Word
If the caregiver sometimes makes threats or promises and does not carry them out, the children may learn to ignore what the caregiver says or may feel that they cannot trust the caregiver.

Inconsistent Speech and Action
If the caregiver often says one thing and does another, the children may learn to ignore the caregiver's verbal instructions.

Giving In
If the caregiver often gives in to the demands of children who continue repeat requests, the children may learn that a caregiver who is harassed long enough will give in to the demands.

Attention to Negative Behavior
If the caregiver often pays attention to the children who are disruptive while ignoring children who behave appropriately, the children may learn to behave inappropriately in order to get attention. Negative attention is better than being ignored.

Failure to Abide by the Rules of the Center
If the caregiver establishes limits for the children's behaviors but does not always abide by them, the children may learn not to follow the rules.

TA 88

TA 89

Guidelines on the Use of "Time-Out"

Inform your parents that you plan to use this guidance technique and how it will be used.

When sending a child to time-out, be calm and firm. Explain to the child why time-out is needed. Focus on the child's behavior.

Explain the guidelines for the use of time-out to the children. Explain that whenever a rule is broken or unacceptable behavior is performed, the child will go, each time, immediately to time-out.

Decide whether the children will be allowed to return from time-out when behavior can be improved, or whether children must stay there for a prescribed amount of time.

If children are not timed, say, "When you think you can (tell the child what you expect), you may return."

If children are timed, use a timer which will ring at the end of three to five minutes. Longer than this is not necessary. At the end of the time, the child may return to the group.

Be sure all children understand the group's rules or behaviors that are not acceptable.

Decide on a spot for time-out, both indoors and outdoors. This spot should be somewhat isolated from the activity areas where the children play. Never use a place that would frighten a child. This location should be used only for time-out. The caregiver should be able to spot the child. A backup spot may be needed occasionally when two children need to be in time-out at the same time.

Using Positive Language

Directions: After reading the examples of negative and positive language, practice turning the numbered negative statements into positive statements on the lines provided in the right column.

Negative Statements:	Positive Statements:
Examples:	
"Don't stand up when you slide."	"Sit down when you slide."
"Don't stand in the swing."	"Sit in the swing."
"Don't dump the puzzle pieces on the floor."	"Keep the puzzle on the table."
"Be careful. The swing might hit you."	"Walk around the swing."
"Don't you want your milk?"	"Drink your milk."

1. Don't throw sand! _____
2. Stop making so much noise. _____
3. You can't have any more glue. _____
4. Don't knock over someone else's block tower. _____
5. Quit using so many paper towels. _____

BEST COPY AVAILABLE

Techniques for Teaching Young Children

Include a variety of teaching techniques when organizing teaching plans. Use as many of the following experiences as possible. Add to the list and maintain as a reference.

⇒ Read a story from a book.

⇒ Tell a story with or without props.

⇒ Tell a story using a flannelboard.

⇒ Provide illustrations or props for children to tell a story.

⇒ Tell a story using music.

⇒ Introduce an activity using puppets.

⇒ Role-play an activity.

⇒ Ask questions.

⇒ Initiate and maintain a discussion.

⇒ Demonstrate a science experiment.

⇒ Use a filmstrip, slide projector, or videotape.

⇒ Plan an exhibit or display.

⇒ Play a guessing game.

⇒ Plan an art activity inside or outside.

⇒ Plan an activity with music in the background.

⇒ Work with various sized groups of children.

⇒ Use pantomime in an activity.

⇒ Plan a physically active experience inside or outside.

⇒ Provide a musical experience with a piano or other musical instruments.

⇒ Use homemade rhythm instruments.

⇒ Plan a musical experience that requires listening.

⇒ Sing a song without musical accompaniment.

⇒ Introduce a song with a story or an object.

⇒ Let the children dramatize a song.

⇒ Plan a musical experience to emphasize rhythm.

⇒ Use rhythm instruments.

Teaching Activity Card

Helpful Hints:

- Print the goals and developmental levels on one side of an index card. Print the teaching procedures and the materials for the activity on the back.
- Organize the cards in a card file box.
- Color code the cards according to subject matter (i.e., Math–blue; Language Arts–yellow; Art–red; Science–green; Computers–purple; Gross Motor/Outside Activities–orange, etc.)

Sample Card

(Side One)

Math Activity Card

Cows and Barns

Developmental Levels

One (2-3 years)	Two (3-4 years)	Three (4-5 years)
Child verbally identifies cows and barns. Child manipulates cows and barns.	Child counts cows upon request. Child verbally identifies the numbers on the barn doors. Child may match number of cows to number on doors up to the number three.	Child matches the correct number of cows to the same number written on each barn door.

(Side Two)

Teaching Instructions

- Give the child the cows and the barns.
- Allow time for the child to look at and identify the objects.
- Discuss the fact that cows live in barns.
- Discuss the numbers on the barn doors.
- Instruct the child: "Show me the number of cows that would belong in each barn."
- If needed, have the children verbally count the cows as they place them inside.

Materials for Activity

- Various colors of felt or construction paper to make the barns and cows.
- Make barns with numbers from 1-10 printed on the barn doors.
- Make enough cows to match up with each barn.
- Laminate materials if they are made from construction paper.

BEST COPY AVAILABLE

Teaching Activity Card Template

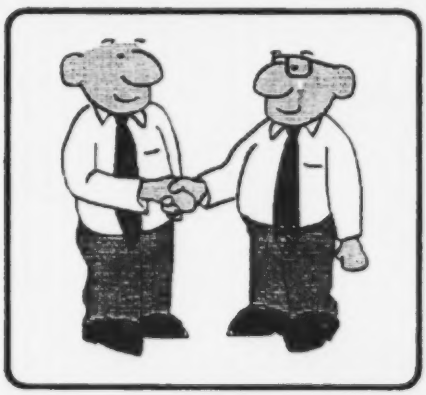
(Subject Area) Activity Card (Name of Activity) Developmental Levels		
One (Age Group)	Two (Age Group)	Three (Age Group)
Teaching Instructions • • •		
Teaching Materials for Activity • • •		

Leadership Styles

Authoritarian Style: A leader following the authoritarian style...

- sets policy.
- tells others what is to be done.
- detaches himself or herself from personal involvement.
- gives praise and criticism when necessary.
- makes the final decision.
- wants things done his or her own way.
- is structured.
- keeps information to himself or herself.

Democratic Style: A leader following the democratic style...



- acts as a member of the group.
- listens to other's ideas.
- permits the group to make decisions.
- is personally involved.
- makes final decisions after everyone has had input.
- is flexible, open to change.
- gives feedback.

Laissez-Faire Style: A leader following the laissez-faire style...

- allows the group to work things out independently.
- offers advice readily.
- works things out in time.
- is easygoing.
- does not always give clear directions.
- is permissive.

The Essential Nutrients

Fill in the following chart:

Essential Nutrients	Food Sources	Basic Functions & Importance to Growth & Development of Children
Proteins	A.	A.
	B.	
	C.	B.
Fats	A.	A.
	B.	
	C.	B.
Carbohydrates	A.	A.
	B.	
	C.	B.
Vitamins	A.	A.
	B.	
	C.	B.
Minerals	A.	A.
	B.	
	C.	B.
Water	A.	A.
	B.	
	C.	B.

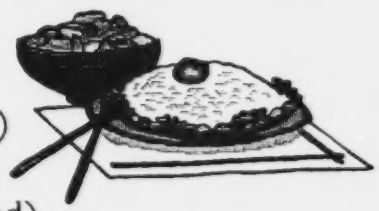
Tipsheet

Eating Healthy with Ethnic Food

The new National Heart, Lung, and Blood Institute Obesity Guidelines recommend trying different ethnic cuisines to give yourself a tasty treat while counting calories and fat. Many ethnic cuisines offer lots of low fat, low calorie choices.

So if you want to eat healthy and still have lots of different choices, take a taste adventure with ethnic foods. Here's a sample of healthy food choices (lower in calories and fat) and terms to look for when making your selection:

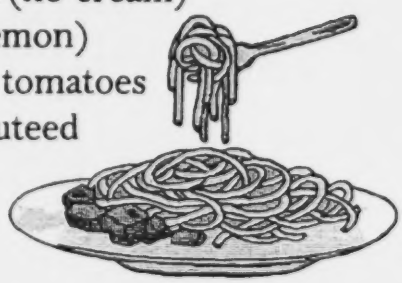
Chinese



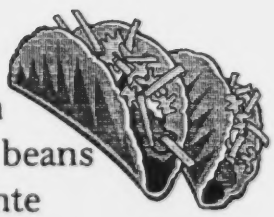
- Steamed
- Jum (poached)
- Kow (roasted)
- Shu (barbecued)
- Steamed Rice
- Dishes without MSG added

Italian

- Red sauces
- Primavera (no cream)
- Piccata (lemon)
- Sun-dried tomatoes
- Lightly sauteed
- Grilled



Mexican



- Spicy chicken
- Rice & black beans
- Salsa or Picante
- Soft corn tortillas

Sample Budget Format

TA 97

Income

I. Tuition _____

II. Donations/Scholarships _____

Expenses

I. Personnel Salaries

A. Administrative _____

B. Caregivers _____

C. Cooks _____

D. Other (Substitutes) _____

II. Fringe Benefits/Payroll Costs

A. Federal Withholding _____

B. Social Security (FICA) _____

C. Health Insurance _____

D. Other _____

III. Occupancy

A. Rent/Mortgage Interest _____

B. Maintenance/Repairs _____

C. Utilities

1. Water _____
2. Electricity _____
3. Refuse _____

IV. Equipment

A. Office _____

B. Program _____

V. Food _____

VI. Supplies

A. Office _____

B. Program _____

VII. Transportation

A. Fuel/Oil _____

B. Repairs _____

C. Insurance _____

VIII. Telephone _____

IX. Public Relations/Advertising _____

X. Training

A. Workshops/Conferences _____

B. Consultants _____

XI. Insurance Costs

A. Building/Fire _____

B. Worker's Compensation _____

C. Unemployment _____

D. Liability _____

Total $_____

Net Income $_____

Sample Ledger Sheets

Parents' Fees Ledger

Date	Due	Paid	Balance

Child(ren) Enrolled: _____
Parents' Name: _____
Address: _____ Basic Tuition: _____

Payroll Ledger

Date	Period Covered	Hours	Gross Salary	Federal Tax	State Tax	FICA	Check No.	Net Salary

Name of Employee: _____
Address: _____ Salary or Wage: _____

Ledger Format

Date	Description	Amount

Ledger: _____ Annual Budget Figure: _____
Account: _____ Account Number: _____

337

TA 98

BEST COPY AVAILABLE

☛ 1:
Document hours worked by each employee. Record hours on the payroll ledger.

☛ 2:
Calculate gross salary. If employee works by the hour, multiply hours worked by the hourly wage. Enter gross salary on the payroll ledger.

☛ 3:
Calculate deductions for state and federal income tax, FICA, and health insurance, if any. Enter these figures on the payroll ledger.

☛ 4:
Subtract total deductions from the gross salary. This is the net salary. Enter this amount on the payroll ledger.

☛ 5:
Prepare employee paychecks. On the check stub attached to the check, fill in the deductions. Record the check on the payroll ledger.

☛ 6:
Post deductions and net salary in the appropriate general ledger accounts.

Computing Payroll

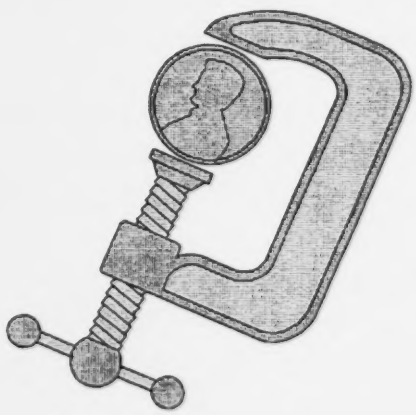
Use the information in the following chart to compute payroll for each employee:

Employee	Hours Worked	Wage
Abbot	40	$5.15
Ford	20	$5.30
Green	35	$5.50
Herrera	40	$5.15
Martinez	42	$5.50

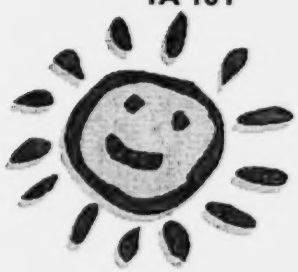
Case Study

Two child care center directors were in the same predicament. They each needed to cut expenses somewhere in their budgets by $1,000. One director initiated a cost-cutting program in which staff members were encouraged to be conservative with supplies. For instance, they used half sheets of construction paper instead of whole sheets. In addition, the staff members added more water to the paint, and they melted down small crayons to make new ones. Moreover, the staff members spent hours making papier-maché puzzle pieces to replace lost puzzle pieces; they used a cheaper brand of glue that did not always hold well; and they asked parents to save throwaway items for the children to make toys, etc. At the end of the year, this staff had saved the $1,000.

On the other hand, the director of the other child care center, analyzed the budget and decided to save the $1,000 by changing the health insurance policy. This director increased the employees' deductible from $50 to $100, thus reducing the insurance premium by $1,000 per year.



Guidelines for Smooth Relations



- Make sure parents* and children are greeted upon arrival.
- Arrange a place for parents to have coffee and visit when they have time.
- Always have the caregivers share information about the child during brief informal contacts when parents arrive at the center to pick up their children.
- Develop an attitude among caregivers at the center that the parents are considered the primary teachers of the child.
- Contact parents by phone or personal note to share special moments with their child.
- Help busy parents stay informed through newsletters and parent bulletin boards.
- Make certain directors are available to talk with parents.
- Conduct regularly scheduled parent meetings.
- Schedule regular caregiver-parent conferences.
- Frequently remind parents that they are welcome to visit the center at any time without making an appointment.
- Encourage parents to have input into center policies and curriculum.
- Place suggestion boxes in the classrooms so that parents and staff may make comments about the program.
- Place notepads in classrooms so that parents can write special messages for the caregiver. For example, "Please remember to put Rebecca's hat on before she goes outside."
- Encourage parents to telephone the center at any time to offer information, express concern, or to check on their child.
- Try to offer positive comments each day to parents.
- Always respond to parent's suggestions or criticisms. If you are upset, wait a day before responding, but take the time to think about the suggestion and respond to the parents.

*** "Parents" is intended to mean the parent(s) or guardian(s) of the child.**

Activity Assessment

Activity:

Criteria	3	2	1
Depth and breadth of research	offers accurate analysis of the major and minor issues surrounding the topic; uses three or more references	relates major facts to the basic topic with fair degree of accuracy; uses two references	provides only minor facts basic to the topic; inaccuracies; uses only provided information (text) as reference
Application of knowledge	demonstrates in-depth understanding of the topic; accurately employs all parts of the information	demonstrates general understanding of the topic; employs most parts of the information with fair degree of accuracy	lacks understanding of topic; employs only the most basic parts of the information; several misconceptions about the topic
Written/Oral communication	presents a well organized presentation; message is easily understood	presents a somewhat organized presentation; message is vague	presentation is unorganized; message tends to wander or ramble and hard to understand
Creativity	imaginative, self-initiated finding and use of resources; extensive originality in presentation	considers provided materials; demonstrates adequate originality in presentation	lacks initiative when finding and using resources; lacks originality in presentation

Self-Reflection: On the back of this sheet, write a paragraph that describes how you can use knowledge gained from this activity in the future.

Adapted from Family and Consumer Sciences Education Association (1994). *How do we know they know?* Publication# A261-08482 ISBN 0-911365-35-4 — Copies Available: FCSEA, Central Washington University, 400E 8th Avenue, Ellensburg, WA 98926.

MASTER LIST: Love Tags

Self Concept

- Let me try it by myself today.
- Give me a hug today.
- Praise me today.
- Tell me that you love me today.
- Tell me something you like about me today.
- Take a picture of me today.
- Tell me how I'm special today.
- Let me be myself today.

Family Relationships

- I have two kisses for you today.
- I love you most of all.
- Let me give you a big hug today.
- I want to be like you.
- I like it when I can help you.
- You are my first and most important teacher.
- I like it when you turn off the TV and read to me.
- I like it when you listen to only me.
- Tell me about when you were my age.

Physical Development/Self-help Activities

- Play catch with me for a few minutes today.
- Help me brush my teeth today.
- Am I due for a doctor's checkup?
- Am I due for a dental appointment?
- Give me a bubble bath today.
- Watch me skip today.
- Let's walk in the neighborhood today.
- Watch me run fast today.
- Let's play chase or hide-n-seek today.
- Help me clean my ears today.
- Walk with me to school or to my bus stop today.
- Let's do exercises together today.
- Get me to bed early enough tonight so I'll be happy to get up.
- Let me wash and scrape a carrot for a snack today.
- Let's eat a good breakfast in the morning.
- I'm growing fast, check to see if my shoes still fit.
- Show me how much I've grown by letting me try on some of last year's clothes.
- Let me play outside today.
- Get me a big cardboard box today and show me how to get "in, under, behind, and on" it.
- Check if I'm eating the right foods.

MASTER LIST: Love Tags, cont'd.

Affective/Emotional Development

- Tell me I look nice today.
- Rub my back at bedtime tonight.
- Sit down and listen to me talk for five minutes today.
- Answer all of my questions today.
- Sometimes I feel "not-OK"— help me feel "OK" today.
- Let me act my age today.
- Show me you love me by helping me behave.
- Tell me when it's "almost" time for bed tonight, so I can get myself ready.
- Tell me you love me just the way I am.
- Help me tell you about what made me angry.
- Praise me when I do something good.
- Overlook an accident or something I've done wrong.
- Buy a small mirror and hang it in my room today.

Social Development

- Invite one of my friends to the house this weekend.
- Help me make a special surprise for daddy or grandfather today.
- Let me dress up in your old clothes today.
- Let's have a "tea party" today.
- Ask me what I did at school today.
- Put out several sets of clothes and let me choose one to wear tomorrow.
- Fix a place, a box, or shelf for my special treasures today.
- Tell me what you did today.
- Show me a picture of you when you were a baby.
- Give me a choice between two foods when we eat out this week.
- Let me help you set the table today.
- Spend some time with just me today.
- Tell me I'm special today.
- Let's draw a picture of me today.
- Let me tell you something that made me happy today.
- Let me tell you something that made me unhappy today.
- Tell me something I did well today.
- Show me how to share by sharing a treat with me.
- Teach me how to correctly answer the telephone today.

Guide to the Amounts of Food for Different Age Groups (*)

Meal Patterns	Children 1 up to 3 years	Children 3 up to 6 years	Children 6 up to 12 years
Breakfast Pattern			
Juice or Fruit	1/2 cup	1/2 cup	3/4 cup
Bread/Cereal (**) Bread Cereal	 1/2 slice 1/4 cup	 1 slice 1/3 cup	 1 slice 3/4 cup
Milk, fluid whole	3/4 cup	3/4 cup	1 cup
Lunch or Supper Pattern			
Meat and/or alternate: One of the following or combinations to give equivalent quantities			
Meat, poultry, fish	1 ounce	1-1/2 ounces	2 ounces
Cheese	1 ounce	1-1/2 ounces	2 ounces
Egg	1/2	3/4	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter	2 tablespoons	3 tablespoons	4 tablespoons
Vegetables/Fruits (***)	1/2 cup	1/2 cup	3/4 cup plus additional 1/2 cup over one week
Bread, whole-grain or enriched (****)	minimum 1/2 slice per day (5 servings per week)	minimum 1 slice per day (8 servings per week)	minimum 1 slice per day (12 servings per week)
Butter or fortified margarine	1/2 teaspoon	1/2 teaspoon	1 teaspoon
Milk, fluid whole	3/4 cup	3/4 cup	1 cup
Supplemental Foods Served Between Meals			
Meat or meat alternatives	1/2 ounce	1/2 ounce	1 ounce
Milk/Juice or an equivalent Fruit/Vegetable quantity	1/2 cup 1/2 cup	1/2 cup 1/2 cup	1 cup 3/4 cup
Bread or cereal Bread Cereal (cold dry) (hot cooked)	 1/2 slice 1/4 cup 1/4 cup	 1/2 slice 1/3 cup 1/4 cup	 1 slice 3/4 cup 1/2 cup

(*) Age 12 and over: Adult-sized portions based on the greater food needs of older boys and girls.

(**) A serving of whole-grain or enriched bread; or an equivalent serving of cornbread, biscuits, rolls or muffins, etc. made of whole-grain or enriched meal or flour; or a serving of whole-grain cereal or enriched or fortified cereal or a combination of any these foods.

(***) Must include at least two kinds of vegetables and/or fruits.

(****) A serving of whole-grain or enriched bread; or an equivalent serving of cornbread, biscuits, rolls, muffins, etc. made of whole-grain or enriched meal or flour.

Adapted from *Child Nutrition Programs*, U.S. Department of Agriculture Food and Nutrition Service. Web site: schoolmeals.nal.usda.gov/Regulations/reg.html

Plan for Your Young Child . . . The Pyramid Way

➪ Use this chart to get an idea of the foods each child should eat over a week. Pencil in the foods planned each day and pencil in the corresponding triangular shape. (For example, if a slice of toast is planned at breakfast, write in "toast" and fill in one Grain group pyramid.) The number of pyramids shown for each food group is the number of servings to be eaten each day. At the end of the week, if there are a few blank pyramids, keep up the good work. If there are several blank pyramids, offer foods from the missing food groups in the days to come. **Note**: TA 39, ***Food Guide Pyramid for Young Children***, can be used in conjunction with this chart.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Milk	△△	△△	△△	△△	△△
Meat	△△	△△	△△	△△	△△
Vegetable	△△△	△△△	△△△	△△△	△△△
Fruit	△△	△△	△△	△△	△△
Grain	△△△ △△△	△△△ △△△	△△△ △△△	△△△ △△△	△△△ △△△
Breakfast					
Snack					
Lunch					
Snack					

Early Childhood Education and Care
Lab Assignment #1

Name _____

Date assigned: _____

Date due: _____

Getting Acquainted

1. You will want to become familiar with the children in the classroom as soon as possible. On a lined piece of notebook paper, list each child's first name and attach to this lab.

2. Name of Field Experience Site: _____

   Name of Coordinating Teacher: _____

   Number of Students: _____

   Six-weeks Number: _____

3. What was being done during your visit/observation at your field experience site?

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

Early Childhood Education and Care
Lab Assignment #2

Name _____

Date assigned: _____

Date due: _____

15-Minute Observation

◆ Choose one child from the classroom where you are doing your lab work. The child you observe should be between infant and eight years of age. Do a 15-minute observation of the child. In as much detail as possible, describe what the child does while you are observing. Try to be as objective as possible when recording the information from your observation. Do not make conclusions like, "This child is very smart" or "This is a good baby." The child must be awake and alert when you do your observation. Write about the child's activities alone or interacting with someone other than yourself.

Child's Name: _____
(Remember to use first name only)

Child's Age: _____

Time Observation Begins: _____

Time Observation Ends: _____

→ Write your observation on a lined piece of notebook paper and attach to this form. You may also use the space below and the back of this sheet for your observation notes. **Do not let this assignment take you away from a duty your coordinating teacher has given you!**

Early Childhood Education and Care
Lab Assignment #3

Name _____

Date assigned: _____

Date due: _____

Journal Entry

I. Write a one-page "journal entry" about your experiences in lab. Focus on one teacher that you have learned from or who most impressed you thus far. Write about what he/she has done that impresses you. Give specific examples and anecdotes.

II. Write a one-page "journal entry" about your lab experiences at this site. Be honest with your experiences. Has it been positive or negative? Give specific examples about what you did this week (Wednesday and Thursday). Include such information as who was there, how many, and what was done. Include some examples/anecdotes to illustrate your opinion.

Children's Rights and Responsibilities

Example:

Rights	Responsibilities
I have a right to learn	I am responsible for teaching others
I have a right to play with certain toys	I am responsible for sharing with others
I have a right to talk out loud	I am responsible for waiting my turn
I have a right to get help from others	I am responsible for giving help to others
I have a right to be treated fairly	I am responsible for treating others fairly
I have a right to eat at meal/snack times	I am responsible for cleaning my place

PROJECT LIST

Three (3) Projects are Due Every Six Weeks

▲ This is a list of some projects you might want to do. Some projects involve more time than others, so decide how much time you have to spend on your three projects for each six weeks. You are allowed to do one project within the same category once only — using the same category more than once will result in a lowering of your grade. For example: you may lead a story time by reading aloud a story, once. Please speak with me should you have any questions.

1. Resource person — when looking for a possible resource person, try to use someone who works in the school or who is known community-wide. The day of the scheduled event, meet the person at a designated location, such as the main office; introduce them to the children; assist them in any way; escort them out of the building; and write and send a thank you note.

2. Placemat activity — prepare any necessary materials or patterns, prepare an example for display, explain the directions to the children, and help put the finished project in their lockers.

3. Newsletter article — write an article about one of the following subjects:
   - Current happenings in the early childhood development lab
   - Summary of a relevant article
   - Write-up of a resource person
   - Interesting story relating to the high school

4. Art project — prepare materials, an example, and guide the children in completing the project.

5. Music project — introduce the activity, teach the song (example), use props if appropriate, and conclude.

6. Outdoor project — set out the materials, relate the subject to the unit studied at that time (e.g., letter of the week), guide children in the activity, discuss questions the children may have, clean-up area.

7. Story read aloud — introduce the story, read aloud, discuss, and conclude.

8. Cooking activity — this project requires working with a partner. Order ingredients, write out recipe, prepare food, serve food, eat, clean-up area, discuss the activity.

9. Science activity — highlight one of the different senses. Obtain the materials, discuss the activity, return materials. This may be either an inside or outside activity.

10. Locker tags — this could be a project for working with a partner. Relate the theme of locker tags to holidays and make two for each child — one for the top and one for the bottom of each locker.

11. "Tree" activity — have each child make a decoration to put on the trees painted on the wall. Have the materials ready, guide children in the activity, assist children in putting their decoration on the tree, and take down the decorations at scheduled time.

PROJECT LIST: Three (3) Projects are Due Every Six Weeks, Cont'd.

12. Dramatic play prop — this project can be completed with a partner. This project can include any of the following items made out of large boxes: washing machine or dryer, car, truck, house, or fort.

13. Research paper — you may use one of these ideas or come up with your own: discipline techniques, potty training techniques, interview teachers and parents and report their guidance and discipline techniques, or age-appropriate toys.

14. Ceiling art project — make an art project relating to the letter of the week that is able to hang with paper clip and twine from the ceiling.

15. Discovery field trip — plan a walking field trip around the school. You will be the leader and introduce what the children will be looking for. Some examples include: a shape walk, a bug walk, a map walk, a tree walk, and a windy walk. Be sure to include any related activities, such as words to use, things to bring on the walk, special observations, things to compare, any follow-up activities, and finger plays.

16. Letter practice activity — find or design an activity for a certain letter. Everything must be ready to go on the day you are scheduled. Explain the activity. YOU are in charge of the group.

17. Shape activity — before you assign a shape activity, you need to teach the shape. Have the children look around the room for that particular shape, draw the shape in sand/dirt, trace around an object of that particular shape, and make the shape with their hands.

18. Number activity — before children recognize the different numbers, they should count out manipulatives to you. Have a number activity available to reinforce what the children have learned.

19. Article or book report — use a magazine or book available from the classroom. List the name of the article or book, the page numbers, the date, the author(s), and a summary. Be sure to include your opinion of the article or book and discuss the major topics — what makes this article or book of interest to early childhood education professionals or parents.

20. Folder games — this is a folder with a game inside. Folders may be laminated to make them sturdy. Folders with inside pockets are good for storing game materials. Write the name of the game on the outside front cover. It is good to use different colored folders so the game can be easily identified by younger children. Folder games can be used for activities, such as matching, sorting, or classifying. For instance, create a folder game to introduce new words or ones that acquaint children with quantity (counting), comparisons (more/less, part/whole), and positional terms (on/off, up/down). When using folder games, show the folder and the game pieces to the children, name the game parts, and explain the activity. Show children how to store the game pieces when the activity is finished, and where to store the folder game.

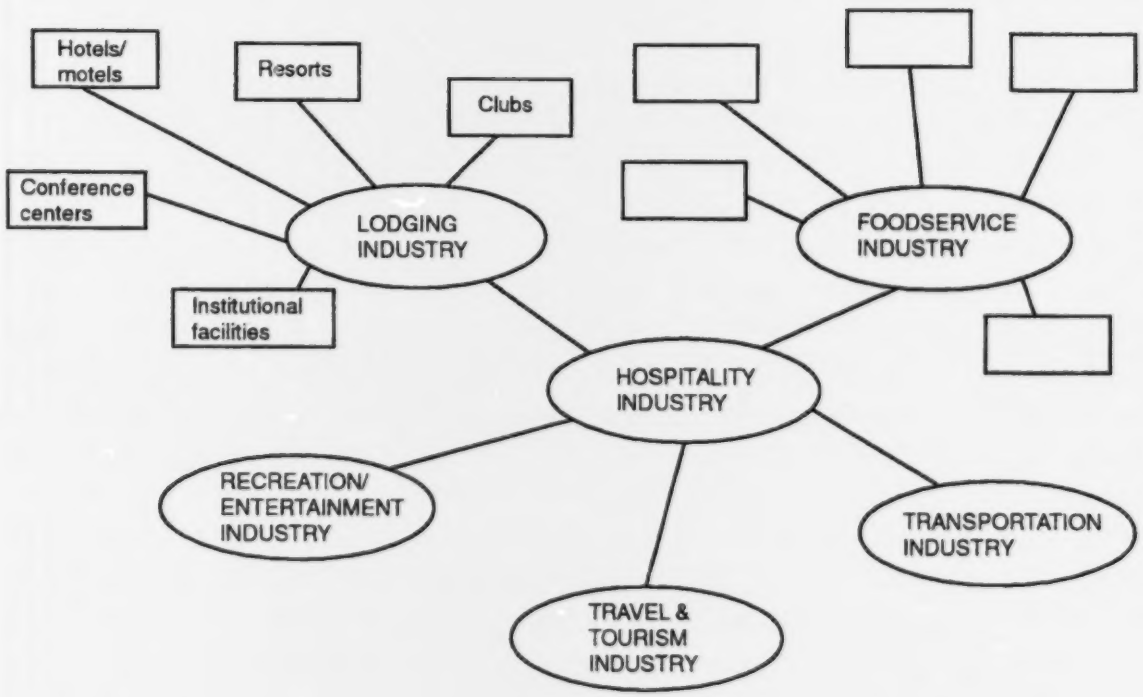
PROJECT LIST: Three (3) Projects are Due Every Six Weeks, Cont'd.

21. Puppets — use different types of puppets to tell a story, create a classroom mascot, or highlight different themes (e.g., animals). Types include finger puppets, glove puppets, hand puppets, shadow puppets, and stick puppets. You may use a puppet in an activity or you may guide the children in creating their own puppets.

22. Games — this is a project in which you may work with a partner. Invent a board game, teach the children how to play, write an assessment of the activity. Did the game accomplish the learning strategy? Did the children understand the game? How would you change the game before using it in the classroom again?

23. Mask making — gather supplies and instruct children in mask making. Paper bags are good for this activity.

Web Diagram


Hotels/
motels
Resorts
Clubs
Conference
centers
LODGING
INDUSTRY
Institutional
facilities
FOODSERVICE
INDUSTRY
HOSPITALITY
INDUSTRY
RECREATION/
ENTERTAINMENT
INDUSTRY
TRANSPORTATION
INDUSTRY
TRAVEL &
TOURISM
INDUSTRY

"Jeopardy" Game Instructions

1. Use questions and answers written on 3x5 cards (answer on the front, question on the back) as subject matter for the "Jeopardy" game.

2. Divide 3x5 cards into three stacks. Assign cards in each stack 10 points, 20 points, and 30 points, respectively. Write the point value on the front of the card (along with the answer).

3. Form teams of 3-4 students, and give each team a colored "responder" card.

4. Have each team select a team captain and team scorekeeper.

5. The teacher reads aloud the answer from a card. The team captain who holds up the responder card first has the first opportunity to answer.

6. All team responses must be given in the form of a question. For example, you say, "providing their children proper nutrition." The correct student response would be something like, "What is a responsibility parents have related to physical development of their children?"

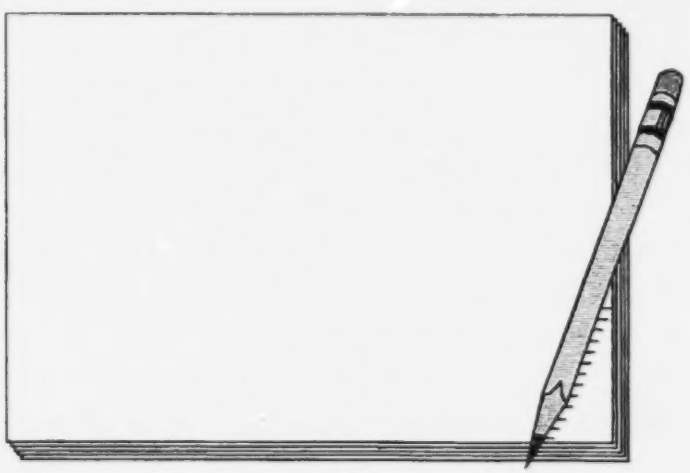
7. If the first team to respond gives the correct answer, they receive the point value for that item. If they answer incorrectly, then the point value is subtracted from their score and another team is given the opportunity to answer.

8. The team captain must confer with the team members before responding with a question.

9. The team captains hold up the "responder" card when their team is ready to respond. Only the team captain can hold up the responder card.

10. The team scorekeeper is responsible for keeping the correct score for the team. The scorekeeper should be included in determining the correct responses.

11. The team with the highest score is the winner.



Internet Terminology

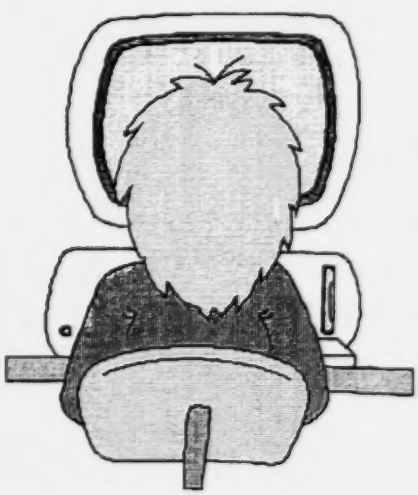
AUP	*Acceptable Use Policy*; a written agreement signed by teachers, students, and parents outlining the terms and conditions of Internet use
Bookmarks	a list on your computer of your favorite Web pages
Browser	a special software program used to navigate the World Wide Web
Download	to copy information from another computer (Note: Upload means to send information to another computer.)
E-mail	Electronic mail; exchange of messages with people around the world over the Internet
FAQ	*Frequently Asked Questions*; files containing common questions asked and their answers
Home Page	the first page you see when you start your Web browser
HTML	*Hypertext Markup Language*; programming language used for creating Web pages
Hypertext	text on a Web page that contains links to other Web pages
Internet	the global computer network that connects millions of computers
ISP	*Internet Service Provider*; a company that provides access to the Internet through a phone line
Netiquette	rules of conduct for Internet users
URL	*Uniform Resource Locator*; the address used to locate a specific Web page
Web Page	a document stored on a computer that contains information and possibly graphics, sound, and even movies
Web Site	a university, government agency, or company that stores Web pages that you can view
WWW	World Wide Web; an Internet system that offers vast amounts of information

BEST COPY AVAILABLE

Netiquette

Netiquette is the accepted rules of conduct for Internet users. If you are going to use the Internet, you need to be aware of these rules:

- Always remember that there is a person at the computer on the other end.
- The Internet is not private. Do not type anything that you would not show your boss, your teacher, your principal, or your grandmother.
- DO NOT TYPE IN ALL CAPS BECAUSE THAT IS CONSIDERED SHOUTING.
- Always complete the subject line when sending a message so that the receiver can identify your subject.
- When responding to a message, state what you mean. Avoid just yes or no responses.
- Do not ramble on with your communication. Stay on the subject at hand.
- Never write put-downs. Respect others and their viewpoints.
- Do not copy other people's messages without their permission.
- Avoid obscenities or any offensive language.
- Be careful with humor; others may not be able to tell when you are "just kidding." Use a "smiley" [:)] to show you are kidding.

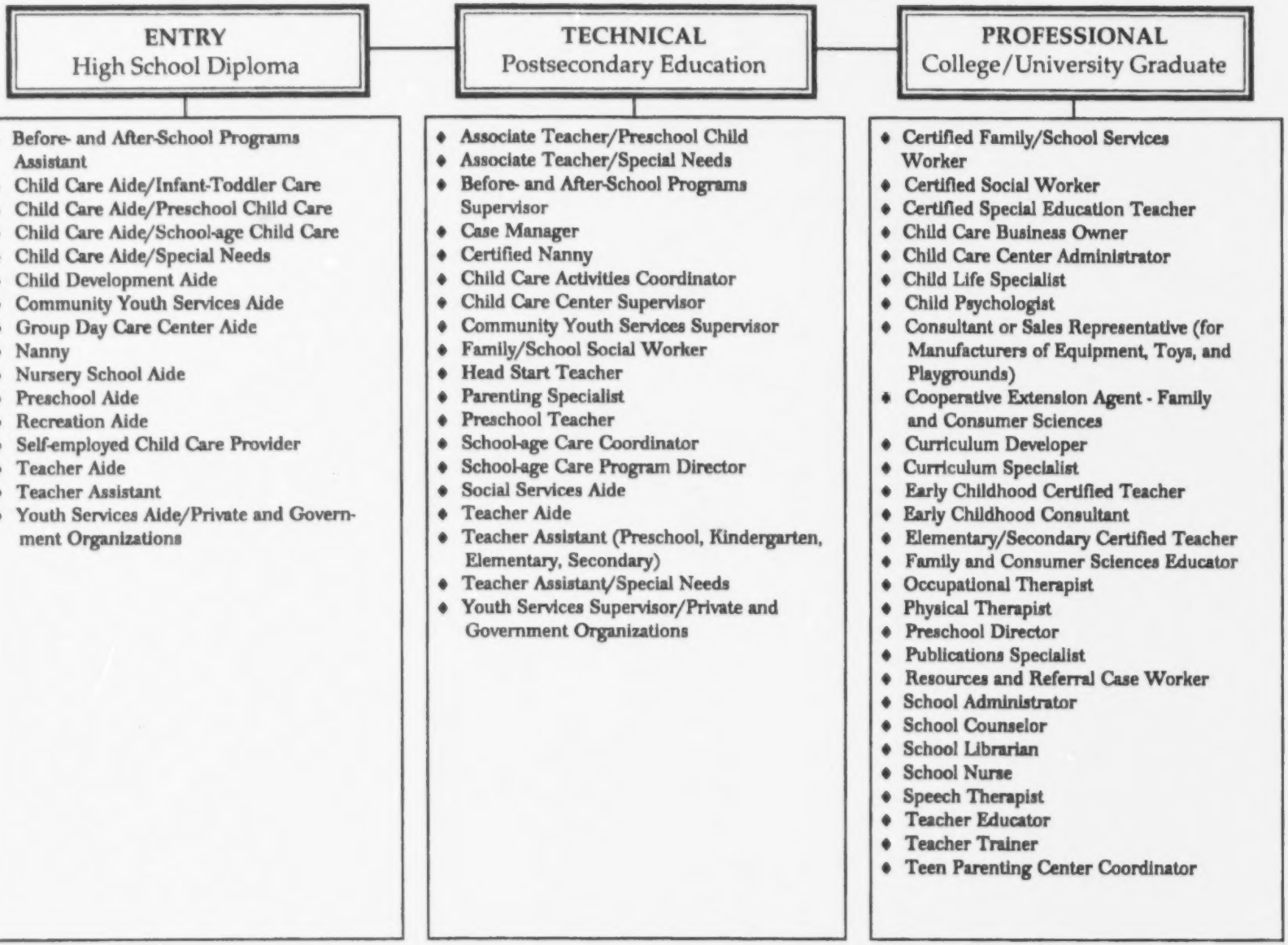


All About Me

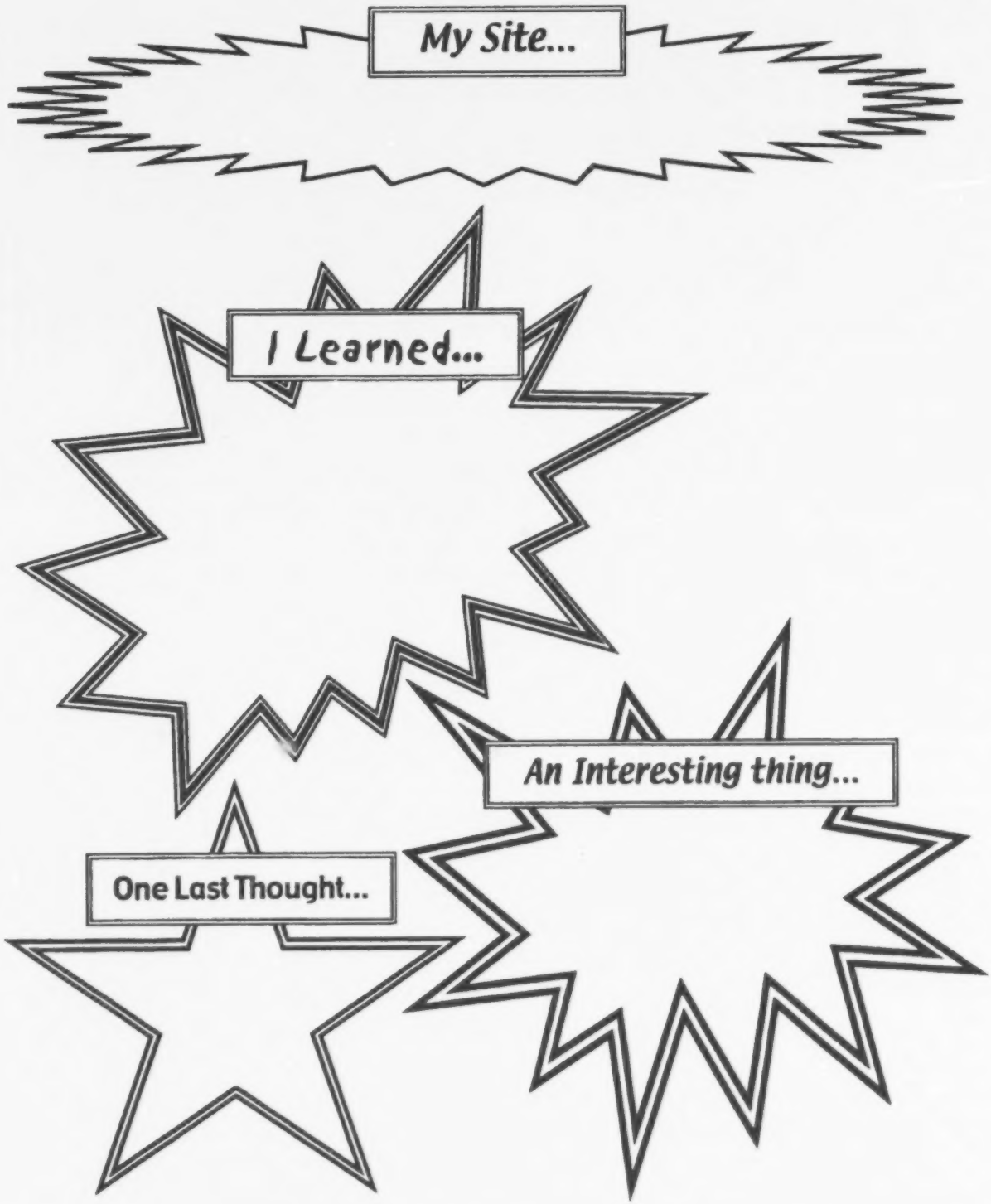
Instructions: Use this form as a get-acquainted activity. Invite a child to assist in filling out the form. Keep the form in the child's personal file folder or in a binder.

1. My first name is_____.
2. My birthday is_____.
3. I was born in_____.
   (City, State, or Country)
4. The people in my family are_____
   _____
   _____.
5. I have a pet(s)_____,
   named_____.
6. My favorite color is_____.
7. My favorite food is_____.
8. My favorite TV program is_____.
9. My favorite movie is_____.
10. My favorite book is_____.
11. My favorite sport or game to play is_____.
12. My favorite place to go is_____.
13. This is what I like to do on weekends_____.
14. When I grow up, I would like to_____
    _____.
15. If I could do anything I wanted, I would like to_____
    _____.

Career Concentration: Child Development, Education, and Services
Examples of Family and Consumer Sciences Career Opportunities


ENTRY
High School Diploma
TECHNICAL
Postsecondary Education
PROFESSIONAL
College/University Graduate
♦ Before- and After-School Programs Assistant
♦ Child Care Aide/Infant-Toddler Care
♦ Child Care Aide/Preschool Child Care
♦ Child Care Aide/School-age Child Care
♦ Child Care Aide/Special Needs
♦ Child Development Aide
♦ Community Youth Services Aide
♦ Group Day Care Center Aide
♦ Nanny
♦ Nursery School Aide
♦ Preschool Aide
♦ Recreation Aide
♦ Self-employed Child Care Provider
♦ Teacher Aide
♦ Teacher Assistant
♦ Youth Services Aide/Private and Government Organizations
♦ Associate Teacher/Preschool Child
♦ Associate Teacher/Special Needs
♦ Before- and After-School Programs Supervisor
♦ Case Manager
♦ Certified Nanny
♦ Child Care Activities Coordinator
♦ Child Care Center Supervisor
♦ Community Youth Services Supervisor
♦ Family/School Social Worker
♦ Head Start Teacher
♦ Parenting Specialist
♦ Preschool Teacher
♦ School-age Care Coordinator
♦ School-age Care Program Director
♦ Social Services Aide
♦ Teacher Aide
♦ Teacher Assistant (Preschool, Kindergarten, Elementary, Secondary)
♦ Teacher Assistant/Special Needs
♦ Youth Services Supervisor/Private and Government Organizations
♦ Certified Family/School Services Worker
♦ Certified Social Worker
♦ Certified Special Education Teacher
♦ Child Care Business Owner
♦ Child Care Center Administrator
♦ Child Life Specialist
♦ Child Psychologist
♦ Consultant or Sales Representative (for Manufacturers of Equipment, Toys, and Playgrounds)
♦ Cooperative Extension Agent - Family and Consumer Sciences
♦ Curriculum Developer
♦ Curriculum Specialist
♦ Early Childhood Certified Teacher
♦ Early Childhood Consultant
♦ Elementary/Secondary Certified Teacher
♦ Family and Consumer Sciences Educator
♦ Occupational Therapist
♦ Physical Therapist
♦ Preschool Director
♦ Publications Specialist
♦ Resources and Referral Case Worker
♦ School Administrator
♦ School Counselor
♦ School Librarian
♦ School Nurse
♦ Speech Therapist
♦ Teacher Educator
♦ Teacher Trainer
♦ Teen Parenting Center Coordinator

Early Childhood Education and Care
Lab Reflections



PT 118

Early Childhood Education and Care
Student Performance Evaluation

SAMPLE

_____ _____

(Student Trainee) (Teacher/School or Preschool)

Instructions for Site Supervisor:

Use this form in evaluating the above trainee. For each competency, use the number from the rating scale that best indicates your assessment of the trainee. Place the number in the space located to the right of each competency. Feel free to use the back of this form for any additional comments. Please return this report to the high school teacher of the program.

Note: The students will not see these forms; however, we will discuss the evaluation to provide constructive criticism and to assist them in their professional development. Thank you for your input.

RATING SCALE:

Exceeds Expectations	**10**
Meets Expectations	**8**
Needs Improvement	**6**
Unsatisfactory Performance	**4**

COMPETENCIES:

Appearance

1. Practices good grooming habits _____
2. Adheres to dress code _____
3. Maintains proper posture _____

Business/Personal Etiquette

4. Shows respect and consideration for others _____
5. Uses proper communication, written and verbal _____
6. Demonstrates respect for diversity _____

Attendance

7. Arrives to work as scheduled _____
8. Calls supervisor when sick or late _____
9. Keeps absences to a minimum _____

Attitude

10. Uses equipment carefully _____
11. Completes tasks in a timely manner _____
12. Demonstrates willingness to learn _____
13. Shows interest and enthusiasm for tasks _____
14. Works in a positive manner with children _____
15. Follows directions of those in authority _____

Early Childhood Education and Care Sign-in Sheet

Grading Period _____ Site Location _____

Name of Student	Date	Arrival Time	Departure Time

PT 120

Evaluation Laboratory Participation

Teaching Assistant _____

Instructions: This form can be used for evaluation by both student (self-evaluation) and teacher for a six-week period. Use the rating scale provided below. Place the appropriate number in the space labeled either S (student) or T (teacher) for each of the six weeks (1-6).

Rating Scale

10 = Excellent . . . . 5 = Satisfactory . . . . 1 = Poor

	S	T	S	T	S	T	S	T	S	T	S	T	
PERSONAL AND STAFF DEVELOPMENT	1	1	2	2	3	3	4	4	5	5	6	6	AVERAGE
1. Follows Directions/Cooperates													
2. Dependable/Punctual													
3. Dresses appropriately													
4. Enthusiastic/Energetic													
5. Pleasant/Friendly													
6. Accepts criticism and praise													
7. Assists with all activities													
8. Shares awareness of children's needs, growth, and development													
9. Shows knowledge of laboratory materials													
10. Keeps work area neat and clean													
RELATIONSHIP WITH CHILDREN													
11. Observes and interacts with all children													
12. Shows no favoritism toward children													
13. Uses positive statements													
14. Discipline is firm and consistent													
15. Gives choice and encourages independence													
16. Encourages creativity and imagination through activities (e.g., art, dramatic play)													
17. Assists children in need													
18. Assumes responsibility for safety													
19. Respects and encourages a child's self-image													
20. Provides guidance in appropriate behavior													
TOTAL POINTS													

Evaluation for Lab Projects

Student's Name _____

Date Project Completed and Class Period: _____

Title and Classification of Your Project: _____

➪ List the ways you explained to the children how the project should be completed:

_____

_____

_____

_____

_____

_____

_____

_____

Student Evaluation (Be honest!):

1. What concept did the children learn from this project?

2. What improvements could be made the next time this project was done?

3. What grade do you <u>really</u> think you should receive? Why?

Teacher Evaluation and Grade:

(Please see me if you have any questions or concerns!)

PT 122

Student Performance Evaluation

Teacher Name _____ High School _____ School Telephone #_____

Student Name _____ Training Station _____

Evaluation For _____ 6-Weeks

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Quality of Work	20 19 18	17 16 15 14	13 12 11 10 9 8	7 6 5 4	3 2 1
Accuracy Neatness Thoroughness Economy	Consistently Superior	Sometimes Superior	Consistently Satisfactory	Often Unacceptable	Consistently Unsatisfactory
Quantity of Work	20 19 18	17 16 15 14	13 12 11 10 9 8	7 6 5 4	3 2 1
Productivity	Consistently Exceeds Requirements	Often Exceeds Requirements	Meets Requirements	Often Below Requirements	Consistently Below Requirements
Dependability	15 14	13 12 11	10 9 8 7 6	5 4 3	2 1
Follows instructions Judgement Punctuality & Attendance	Consistently Dependable	Dependable Most of the Time	Ordinarily Dependable	Not Often Dependable	Consistently Undependable
Cooperation	15 14	13 12 11	10 9 8 7 6	5 4 3	2 1
With supervisor With other employees	Consistently Motivates and Assists Others	Quick to Volunteer and Assist	Generally Works Well With Others	Seldom Works Well With Others	Does Not Work Well With Others
Initiative	10	9 8	7 6 5	4 3	2 1
Ingenuity Self-reliance Planning Ambition	Consistently Strives to Learn and Improve	Often Keeps Self Occupied	Sometimes Finds Work For Self	Seldom Finds Work Without Supervision	Needs Constant Supervision
Self-improvement	10	9 8	7 6 5	4 3	2 1
Interest Observation Questions Study	Consistently Studious and Interested	Often Inquires and Observes	Fairly Inquisitive and Studious	Seldom Asks Questions	Never Exhibits Interest in Learning and Improving
Personal Qualities	10	9 8	7 6 5	4 3	2 1
Appearance Courtesy Friendliness Expression	Consistently Inspires Confidence and Rapport	Well Liked and Respected	Usually Gets Along With others and Makes Fair Impression	Seldom Attracts Respect from Others	Creates Antagonism Among Others

Note: Maximum number of points = 100

Comments

_____

_____

_____

Recommended Continued Training Placement ☐ Yes ☐ No

Evaluated by: _____ Date _____
(Supervisor)

Planning Tips for the Successful Resource Person

Thank you so much for agreeing to be a "resource person" for our Early Childhood Education and Care Lab! We hope the following tips will help you in planning a successful presentation when you come to visit the preschool children. Should you have any additional questions or concerns after reviewing these tips, please stop by the Early Childhood Education and Care Lab Room # _____, or call _____.

The majority of the children in our development lab are between the ages of three and four, with some just turning five. Their attention span is about 20-25 minutes — no longer. Therefore, you will need to plan a variety of different activities, rather than just one, to hold their attention. Ideas include a story, a movement activity, an art project, an experiment, and playing dress-up using unusual uniforms. Feel free to use your imagination and creativity in developing activities you think would be appropriate and of interest. Remember, too, that the high school students are in the class to assist you in any way. **NOTE**: Since we are studying one letter from the alphabet each week, your presentation should coincide in some way with the alphabet letter we are studying for that week.

Thank you,

_____

Your Contact Person: _____

The contact person's responsibility is to assist you with the children by introducing you, helping maintain control, and concluding your presentation with the group. Please contact this person if you are unable to keep your scheduled presentation.

Letter of the Week: _____

Scheduled Presentation:

Day _____ Date _____ Time _____

Materials Needed:

_____

_____

Resource Person Information:

Name: _____ Phone Number: _____

Mailing Address: _____

_____

SAMPLE

Search Engines for Internet Activities

Alta Vista
altavista.com

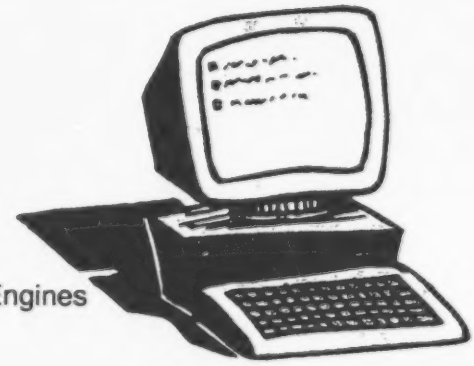
Global Schoolhouse
Directory of Internet Search Engines
www.globalschoolnet.org/resources/allsearch.html

Google
www.google.com

LookSmart
www.looksmart.com

Lycos
www.lycos.com

Mamma.com- The Mother of All Search Engines
www.mamma.com



Netscape Search
www.netscape.com

WebCrawler
www.webcrawler.com

Yahoo!
www.yahoo.com

Yahooligans!
www.yahooligans.com

Student Information Sheet

Student Name: _____

Student Number: _____

Student Grade Classification: _____

Homeroom Teacher and Room Number: _____

Student Address: _____

City, State, and Zip: _____

Home Phone Number: _____

Parent/Guardian: _____

Parent/Guardian Work Numbers: _____

Please list any extracurricular activities, hobbies, or school organizations:

_____

_____

Class Schedule

Period	Class	Teacher	Room Number
1			
2			
3			
4			
5			
6			
7			
8			

Teacher Section:

Date Enrolled _____ Locker Number _____

Parent Contacts:

_____

_____

_____

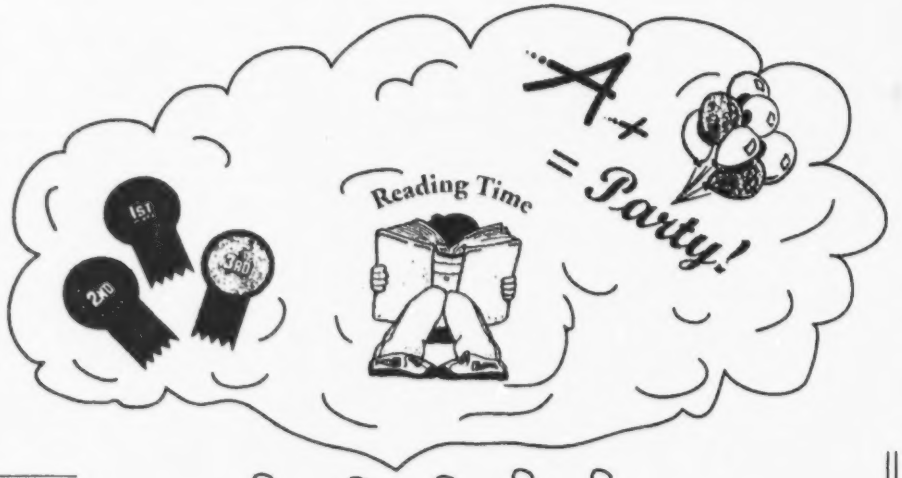
_____

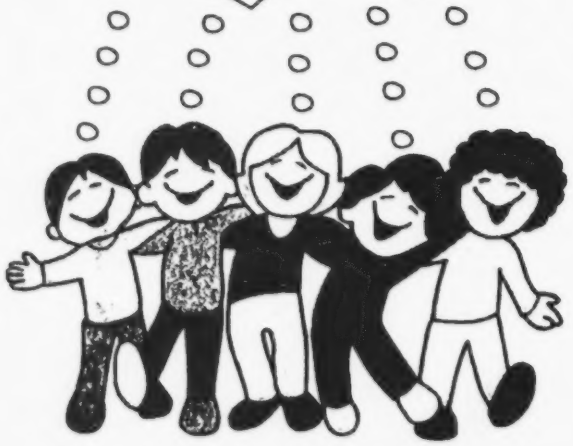
_____

_____

Suggestions Anyone?

We are always looking for ways to improve our class and our learning activities. If you and your child have talked about some ideas that you think would help our classroom, please indicate them here. Thanks for your help!





Web Sites – Resources Focusing on Children

Agency or Organization	Uniform Resource Locator (URL)	Summary
Child Care Experts National Network	*www.childcare-experts.org*	
Children's Defense Fund	*www.childrensdefense.org*	
Mental Health Association of Texas	*www.mhatexas.org*	
National Association for the Education of Young Children	*www.naeyc.org*	
Prevent Child Abuse America	*www.preventchildabuse.org*	
National Network for Child Care	*www.nncc.org*	
National Parent Information Network	*www.npin.org*	
Parents as Teachers National Center	*www.patnc.org*	
U.S. Department of Education	*www.ed.gov*	
U.S. Department of Health and Human Services	*www.os.dhhs.gov*	

270

THE CURRICULUM CENTER
FOR FAMILY AND CONSUMER SCIENCES

BEST COPY AVAILABLE

CHILD CARE AND GUIDANCE

MANAGEMENT AND SERVICES

REFERENCE BOOK

BEST COPY AVAILABLE

371

FAMILY AND CONSUMER SCIENCES EDUCATION • TEXAS EDUCATION AGENCY • AUSTIN, TEXAS

Child Care and Guidance, Management, and Services

Reference Book

Developed and disseminated by:
The Curriculum Center for Family and Consumer Sciences
Texas Tech University
Box 41161
Lubbock, TX 79409-1161

In cooperation with:
Texas Education Agency
Division of Career and Technology Education
Family and Consumer Sciences Education
Austin, Texas

July, 2001

Acknowledgments

The *Child Care and Guidance, Management, and Services Reference Book* was prepared by the staff of The Curriculum Center for Family and Consumer Sciences. Development was jointly funded by the Texas Education Agency under Public Law 101-392, Carl D. Perkins and The Curriculum Center for Family and Consumer Sciences.

The following individuals made special contributions to the development of this publication.

The Staff of the Texas Education Agency Family and Consumer Sciences Education Unit:

Gay Nell McGinnis
Program Director

Cindy Gruner
Program Specialist

Sharon Pierce
Program Specialist

Diane Salazar
Program Specialist

The Staff of The Curriculum Center for Family and Consumer Sciences:

Marilyn Wragg
Director

Lynn Perrin
Associate Director

Debbie Mumme, PhD
Curriculum Project Coordinator

Karla Duckworth
Curriculum Project Coordinator

Tracy Givens
Information Specialist/Editor

Sonja D. Koukel
Research Assistant

Becky Martinez
Editorial Assistant

****

Special acknowledgment is given to Frances Droddy, PhD for sharing her expertise and serving as primary contributor to the 2001 edition of the *Child Care and Guidance, Management, and Services Reference Book*. Dr. Droddy is Assistant Professor in the College of Family and Consumer Sciences at Lamar University in Beaumont, Texas. She directed the Lamar University Early Childhood Development Center for eighteen years and is currently teaching child development, family management, and family and consumer sciences education classes. Dr. Droddy' s research interests focus on adolescent development and grandparents raising grandchildren.

****

Debbie Mumme, PhD, served as staff writer and director of development for this publication.

Review Committee:

Jackie Cannon
Family and Consumer Sciences Teacher
Del Rio High School
Del Rio, Texas

Connie Hindman, Director
Children's Advocacy Center
Lubbock, Texas

Juanita Johnson
Family and Consumer Sciences Teacher
Madison High School
Houston, Texas

Laura Jung
Family and Consumer Sciences Teacher
Killeen High School
Killeen, Texas

Mary Karlik
Family and Consumer Sciences Teacher
Garland High School
Garland, Texas

Nancy Revill
Family and Consumer Sciences Teacher
South San Antonio High School
San Antonio, Texas

Judy Roundtree
Family and Consumer Sciences Teacher
Burnet High School
Burnet, Texas

Yolanda Sanchez
Family and Consumer Sciences Teacher
Mercedes High School
Mercedes, Texas

Cheryl Wallace
Family and Consumer Sciences Teacher
Arlington Heights High School
Fort Worth, Texas

Compliance Statement

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a nonsegregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 22375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs or activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except when age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

Table of Contents

Preface

THE EARLY CHILDHOOD EDUCATION AND CARE PROFESSION

Chapter 1 – The Child Care Profession 1
- Chapter Focus 1
- Chapter Vocabulary 1
- The Child Care Profession 2
- History of Early Childhood Education 3
- Classification of Child Care Programs 5
- Chapter Highlights 7

Chapter 2 – Careers in Early Childhood Education and Care 9
- Chapter Focus 9
- Chapter Vocabulary 9
- Positions Available 10
- Multiple Roles 11
- Qualities of Successful Child Caregivers 12
- Getting and Keeping A Job 14
- Chapter Highlights 19

Chapter 3 – Professionalism 21
- Chapter Focus 21
- Chapter Vocabulary 21
- A Profession 22
- Professional Organizations 23
- Legislation and Public Policy 24
- Code of Ethics 24
- Communicating with Child Care Licensing 26
- Professional Relationships 26
- Decision Making 27
- Appropriate Conversations/Communications 27
- Appropriate Dress 28
- Chapter Highlights 30

Chapter 4 – The Child Care Center 31
- Chapter Focus 31
- Chapter Vocabulary 31
- Staff Organization 32
- How Children Are Grouped 33
- Working with Staff, Parents, and Children 35
- Introducing Children to Group Care 37
- Reporting and Record Keeping 38
- Liability Concerns in Child Care 39
- Child Abuse and Neglect 40
- Chapter Highlights 42

HEALTHY AND SAFE ENVIRONMENTS

Chapter 5 – Influences on the Development of Children 43
- Chapter Focus 43
- Chapter Vocabulary 43
- Family Influences on Child Development 44
- Family Differences and Child Development 46
- Other Influences on Child Development 50
- Communicating with Families 51
- Chapter Highlights 52

Chapter 6 – The Child Care Environment 53
- Chapter Focus 53
- Chapter Vocabulary 53
- Physical Environment 54
- Emotional Environment 61
- Social Environment 62
- Cognitive Environment 63
- Chapter Highlights 65

Chapter 7 – Health Awareness 67
- Chapter Focus 67
- Chapter Vocabulary 67
- Health Awareness 68
- Responses to Illness 71
- Children with Special Medical Needs 75
- Shaken Baby Syndrome 79
- Chapter Highlights 80

Chapter 8 – Safety Awareness 81
- Chapter Focus 81
- Chapter Vocabulary 81
- Safety Awareness 81
- Responses to Accidents and Injuries 82
- Safety in the Physical Environment 83
- Transportation 90
- Safety in Group Play 91
- Safety Education 92
- Chapter Highlights 96

Chapter 9 – Health and Safety Procedures in Child Care 97
- Chapter Focus 97
- Chapter Vocabulary 97
- Health Assessment Techniques 98
- Creating a Healthy Child Care Environment 100
- Health Education 107
- Health Records 108
- Chapter Highlights 110

Chapter 10 – Handling Emergencies 111
- Chapter Focus 111
- Chapter Vocabulary 111

Nonmedical Emergencies 112
Medical Emergencies 118
Reporting and Recording Accidents and Injuries 124
Chapter Highlights 125

Chapter 11 – Daily Routines 127
Chapter Focus 127
Chapter Vocabulary 127
Routines 127
Transitions 137
Chapter Highlights 138

DEVELOPMENT OF CHILDREN

Chapter 12 – Principles and Theories of Development 139
Chapter Focus 139
Chapter Vocabulary 139
Principles of Growth and Development 140
Theories of Development 143
Physical Development 149
Cognitive Development 150
Social Development 152
Emotional Development 153
Moral Development 155
Early Brain Development 156
Chapter Highlights 158

Chapter 13 – Physical Development 159
Chapter Focus 159
Chapter Vocabulary 159
Physical Growth of Children 159
Maturation of the Nervous System 160
Motor Development 161
Factors Affecting Physical Development 164
Chapter Highlights 168

Chapter 14 – Emotional and Social Development 169
Chapter Focus 169
Chapter Vocabulary 169
Emotional and Social Development of Children 169
Emotional Development of Infants and Toddlers 170
Social Development of Infants and Toddlers 172
Emotional Development of Preschoolers 173
Social Development of Preschoolers 174
Emotional Development of School-age Children and Adolescents 176
Social Development of School-age Children and Adolescents 177
Chapter Highlights 179

Chapter 15 – Cognitive Development 181
Chapter Focus 181
Chapter Vocabulary 181

Intelligence 182
Stages of Cognitive Development 183
Chapter Highlights 189

Chapter 16 – Teaching Strategies 191
Chapter Focus 191
Chapter Vocabulary 191
Developmentally Appropriate Practices 192
Indoor Learning Centers 193
Outdoor Learning Activities 201
Field Trips and Other Teaching Strategies 203
Observations 204
Chapter Highlights 206

Chapter 17 – Newborns and Infants 207
Chapter Focus 207
Chapter Vocabulary 207
Genetic and Environmental Influences on Prenatal Development 208
The Neonate 209
Caring for Infants 210
Chapter Highlights 225

Chapter 18 – Toddlers 227
Chapter Focus 227
Chapter Vocabulary 227
Twelve to Eighteen Months of Age 228
Eighteen to Twenty-four Months of Age 234
Twenty-four to Thirty Months of Age 239
Thirty to Thirty-six Months of Age 244
Chapter Highlights 249

Chapter 19 – Preschoolers 251
Chapter Focus 251
Chapter Vocabulary 251
Three-year Olds 252
Four-year Olds 256
Five-year Olds 260
Chapter Highlights 265

Chapter 20 – School-age Children 267
Chapter Focus 267
Chapter Vocabulary 267
Areas of Development 268
Understanding School-age Children 270
Creating a Positive Environment 273
Teaching Strategies 274
Summer Programs for School-age Children 281
Guidance of School-age Children 282
Chapter Highlights 285

Chapter 21 – Development of Children with Special Needs 287
Chapter Focus 287
Chapter Vocabulary 287
Special Needs 288
Working with Children Who Have Special Needs 292
Chapter Highlights 296

Chapter 22 – Child Guidance/Behavior and Group Management 297
Chapter Focus 297
Chapter Vocabulary 298
Influences of Development on Behavior 298
Behavior Philosophies Which Affect Guidance 302
The Nature of Positive and Problem Behavior 304
Promoting Positive Behavior 306
Dealing with Problem Behavior 310
Use of Positive and Negative Reinforcement 313
Chapter Highlights 315

MANAGEMENT OF THE CHILD CARE CENTER

Chapter 23 – Curriculum Management 317
Chapter Focus 317
Chapter Vocabulary 317
Program Characteristics 318
Curriculum Development 319
Units of Study 324
Evaluation Techniques 326
Scheduling 327
Health, Safety, Materials, and Equipment 329
Chapter Highlights 331

Chapter 24 – Facility Management 333
Chapter Focus 333
Chapter Vocabulary 333
Facility Planning 333
Regulations, Location, and Design 334
Indoor Space 335
Outdoor Space 340
Support Areas 341
Facility Maintenance 343
Chapter Highlights 344

Chapter 25 – Child Care Program Organization and Administration 345
Chapter Focus 345
Chapter Vocabulary 345
Organization and Administration 346
Responsibilities of the Child Care Program Director 349
Chapter Highlights 360

Chapter 26 – Food Service Management 361
Chapter Focus 361
Chapter Vocabulary 361
Food Service and Nutrition 362
Menu Planning, Preparation, and Service 369
Chapter Highlights 374

Chapter 27 – Financial Management 375
Chapter Focus 375
Chapter Vocabulary 375
Funding 376
Record Keeping 377
Insurance 381
Controlling Costs 382
Chapter Highlights 384

Chapter 28 – Parent, Community, and Professional Relationships 385
Chapter Focus 385
Chapter Vocabulary 385
Parents 386
The Community 391
Professional Relationships 394
Chapter Highlights 396

References 397

Index 399

381

PREFACE

The *Child Care and Guidance, Management, and Services Reference Book* for this family and consumer sciences course provides a wealth of information that accommodates development of essential knowledge and skills. Instruction for this course may be delivered through school-based pre-employment laboratory training or through work-based delivery arrangements such as cooperative education, internships, preceptorships, mentoring, and job shadowing.

The *Child Care and Guidance, Management, and Services Reference Book* lays a foundation for understanding child growth and development, equipping individuals to develop positive relationships with children, and effective parenting and caregiver skills. A number of tasks are described for working with children in a variety of situations.

The facilities (e.g., child care center, elementary classroom, afterschool program) where students receive training for this course may have local, state, or federal policies which dictate varying levels of child care procedures. It is imperative that teachers instill in students enrolled in this course that they are providing a variety of services (e.g., assistant teacher, volunteer coordinator, food and nutrition assistant, teacher's aid) as caregivers for children. Through these services, the students are demonstrating their understanding of promoting the well-being and healthy development of children, strengthening families in a culturally diverse society, and pursuing careers related to the care and education of children.

Chapter 1

The Child Care Profession

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

4F Determine how society, culture, and changing demographics affect the growth and development of young children.

11B Analyze the future employment outlook in the child care industry.

11C Describe entrepreneurial opportunities in the child care industry.

12C Discuss legislation and public policies affecting the child care profession.

Chapter Vocabulary

caregiver
child care
child care center
child care profession
comprehensive care
curriculum
custodial care
developmental care
developmentally appropriate
early childhood education
employer-sponsored child care
extended-day programs
franchise
full-day programs
group care
group day home
half-day programs
individual care
kindergarten
learning philosophy
secondary care
sliding fee scale
social services

Most often parents are the primary caregivers for their children. The child care profession provides secondary, or substitute, care. ***Secondary care***, therefore, can be seen as adding to the care that parents give their children. The ***child care profession*** includes secondary child caregivers and the services they offer. The profession is also known as early childhood education and care, which emphasizes the inclusion of education services in the care of children. In referring to the profession, this book uses the term child care to mean the same thing as early childhood education and care.

THE CHILD CARE PROFESSION

In this book, the term ***caregiver*** refers to a person (secondary caregiver) who has the job of caring for children in the child care setting. A caregiver may also be called an early childhood or child care practitioner. Caregivers may be directors, teachers, associate teachers, or teacher assistants. However, when certain duties belong to a specific person, such as the director, a job title will be used rather than the general term, "caregiver." Caregivers have a nurturing, caring role. ***Child care*** refers to secondary child care. The term "parent(s)" refers to persons who are the main caregivers for children. Parent(s) can be biological or adoptive parent(s) or the legal guardian(s) of a child.

The need for high quality, affordable early care and education has increased due to a growing number of working mothers, dual-earner families, and single-parent families. In addition, the welfare reform bill of 1996 requires most low-income mothers to work, thus placing their children in care outside the home.

In March 1999, six out of every ten mothers with children under the age of three were in the labor force. Seven out of every ten mothers of children ages three to five were in the labor force. Furthermore, between 1990 and 1999, the rate of mothers with children under age three participating in the workforce increased from 53.6 percent to 60.7 percent. These increases are shown in Table 1.1.

Changing lifestyles affect the number of working parents. In March 1999, of the 71.6 million families in the United States, over 15.2 million families had children under the age of six. Of these families with children under six years of age, the following were considered to have work-related child care: 7.6 million married couple families with both wife and husband as earners; 2.3 million families maintained by women, and 605,000 families maintained by men.

◆ *Essential Questions:* ◆
The Child Care Profession

1. How would you define a caregiver?
2. Why has the need for quality child care increased?
3. How can changing lifestyles affect the number of working parents?

BEST COPY AVAILABLE

Labor Force Participation Rates of Mothers By Age of Children (selected years, March 1990-99)

Year	Age of Child (Percent)		
	Under 18	3 to 5 years	Under 3 years
1990	66.7	66.3	53.6
1992	67.2	63.3	54.4
1994	68.4	64.9	57.1
1996	70.2	66.9	59.0
1998	72.3	69.3	62.2
1999	72.1	69.5	60.7

Sources: U.S. Department of Labor, Bureau of Labor Statistics, March Current Population Survey, unpublished data.

Table 1.1

HISTORY OF EARLY CHILDHOOD EDUCATION

The interest in childhood and treatment of children through history has always been tied to economic, religious, and social factors. In ancient Greece, Plato and Aristotle reflected a keen sensitivity to the needs of children and the importance of appropriate education. These ideas were lost during the Middle Ages only to resurface in the 16th century. The industrial revolution of the 18th century led to reforms which eventually included public education for all children. With the onset of World War II many women had to work and thus needed care for their children. The Lanham Act was approved to establish child care during World War II. This Act provided for child care centers at the Kaiser Ship Building Works on the west coast. These programs employed only credentialed staff and provided quality programming that is rarely duplicated even today. It was expected that with the end of the war women would return to the home. However, the number of women in the workforces increased and the number of children in group care also increased. This led to the development of the child care profession. In response, federal and state monies were allocated to subsidize child care services. Leaders in early childhood education and their contribution to the field can be found in Table 1.2. Interest in early childhood education is another reason there is more demand for child care services.

Early childhood education first included children three to eight years of age. However, parents and educators are becoming more aware of the importance of early childhood development. Many nonworking parents, who do not need child care services, are choosing child care for their children. These parents see the importance of helping their children to grow in different areas. Studies done in the past ten years show that good child care programs can improve the development of young children. Today, ***early childhood education*** includes young children from infancy through the elementary school years. After-school programs serve young school children.

Influential Leaders in Early Childhood Education

Jean-Jacques Rousseau (1712-1778)	advanced the idea that children are innately good and their way of learning is different from adults.
Johann Pestalozzi (1746-1827)	believed that young children learned actively from concrete experiences and implemented this idea in his schools.
Friedrich Froebel (1782-1852)	began the first kindergarten, placing great emphasis on the importance of play.
Maria Montessori (1870-1952)	developed a successful method of early education that is still widely used.
Erik Erikson (1901-1994)	developed a theory, which focuses on specific social tasks that need to emerge for healthy development.
Jean Piaget (1896-1980)	most influential on early childhood education, described how children's thinking is unique in each of the four stages.
B.F. Skinner (1904-1990)	emphasized that almost all behavior is learned and can be increased by positive consequences and decreased by negative consequences.
Lev Vygotsky (1896-1934)	stressed the importance of social context of development; children's learning is often promoted through the assistance from adults who help the child learn new skills within the zone of proximal development.

➪ *Table 1.2*

◆ Essential Questions: ◆
History of Early Childhood Education

1. What role does the child care professional play in secondary care?
2. What are two reasons the demand for early care and education is increasing?
3. What factors have influenced the history of early childhood education?

CLASSIFICATIONS OF CHILD CARE PROGRAMS

Terms related to child care programs are often confusing. Programs can be classified according to how many hours they are open, number of children served, types of services offered, curriculum structure, or funding structure. Depending on a number of factors, any type of program can range from excellent to poor.

A successful program aids the physical, emotional, social, and cognitive/intellectual development of children. It also meets the needs of the families served. Safety of children is always an important factor.

Hours Open

Half-day programs offer primary caregivers/parents opportunities to leave children for four or less hours on weekdays. Children may attend every day or on selected days.

Full-day programs offer sessions of more than four hours but less than thriteen hours. These programs provide child care, thus enabling the primary caregivers to work.

Extended-day programs offer before-school, after-school, holiday, or summer care for kindergarten and school-age children enrolled in other programs. A new trend is for public schools to offer preschool education programs to families.

Number of Children Served

Individual care involves one caregiver taking care of one child, one family's children, or children from different families. Individual care is usually provided in the home of a caregiver.

Group care is child care service in which children are cared for in groups with various arrangements possible. The number of children in a single group facility may range from as few as six children to two hundred or more children. Most group care programs offer services for two to five-year-old children. In addition, some group care programs provide service to infants and toddlers. When caregivers provide child care services for groups of children in a home, the facility is called a ***group day home***. A ***child care center*** is a facility used to provide group care for children in a location that is not a home.

Services Offered

Child care programs offer different types of services to families. The types of services offered can be classified as custodial care, developmental care, and comprehensive care.

Some individual caregivers offer only ***custodial care***. In a custodial care program, the main concerns are safety and health. The children are not involved in planned programs that support their development.

BEST COPY AVAILABLE

Custodial care frequently does not meet licensing standards. In most cases, "baby-sitting" would be classified as custodial care.

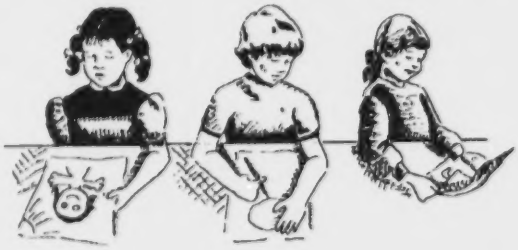
Child care centers that offer ***developmental care*** provide a developmentally appropriate environment with planned activities. ***Developmentally appropriate*** refers to (1) age appropriateness, the universal and predictable patterns of growth and development that occur in children; and (2) individual appropriateness, the individual rates and patterns of development. A good developmental care program is based on knowledge of early childhood education principles.

Child care programs offering ***comprehensive care*** provide a safe setting, developmental child care programs, and health and social services to children and their families. Although more services are provided than with other programs, some families do not need these services; those who do may pay extra for them. This type of day-to-day child care is not necessarily better than the care offered in less comprehensive programs. Comprehensive child care centers usually serve a large number of children. Special services offered by a comprehensive child care program may include those in the following list. All of these services are not offered in every comprehensive program.

- ***social services*** for the families served (include helping families understand and benefit from government programs and referring families to governmental and community agencies that provide family services)
- health services at the center or referrals to health agencies when needed (immunizations, dental checks, and hearing and vision screening are sometimes provided); care for sick children
- ***sliding fee scale*** (fees vary according to families' ability to pay)
- family day care (usually for infants and toddlers) when requested
- research or experimental programs (usually in child care laboratories in colleges and universities)
- before-school, after-school, and summer programs for school-age children
- transportation
- specialized programs (including swimming, horseback riding, computer instruction, gymnastics, etc.)

Curriculum Structure

Curriculum is a planned program for teaching and learning. Curriculum structure may differ because programs may be based on different philosophies of learning. A ***learning philosophy*** is one's opinion on the best way for children to learn. For example, many schools are founded on the philosophy that children learn best when they are free to choose activities they like from several enriching activity choices. Some programs are based on the philosophy that young children learn best in a structured environment.



Funding Structure

Child care programs have different funding sources. Some operate for profit while others do not. Most small, private child care programs serve fewer than thirty-five children and are located in residential areas. Many of them provide a home-like atmosphere where staff members know each other and the children well. Parents usually pay the total cost of care for their children.

Larger child care centers usually have thirty-five or more children. They may be

owned by private persons or may be sponsored by community groups.

A child care ***franchise*** is part of a chain of child care centers owned by one individual or group of individuals. These centers are similar and are in several locations. For example, one child care center franchise had more than 750 centers in forty states. Ideally, a child development professional supervises each child care program.

Some child care programs are sponsored by community groups, social agencies, schools, or churches. The group operates and sometimes provides money for the center. Parents are often charged a fee on the basis of their income level. If more money is needed to run the program, the money comes from the sponsoring group, from the community, or from private donations. Sometimes money to run a nonprofit child care program comes from a private foundation or from a government grant. For example, Head Start is a licensed program sponsored and funded by the federal government.

A growing trend is ***employer-sponsored child care*** services. The employer may provide a child care program in or near the work place of the parent. Most of these are nonprofit operations with low fees. Other employers may offer child care information and may pay part of the child care expenses to attract and keep employees.

Most public schools now assume some of the cost of child care by requiring kindergarten programs for five-year olds. ***Kindergarten*** is a traditional early childhood education program for five-year olds. Many schools have changed their kindergarten schedules from half-day to full-day. Public schools in some states are now also offering programs for four-year olds. Texas public schools, by law, offer half-day prekindergarten programs for low-income and non-English speaking four-year olds. Some school districts have chosen to make prekindergarten programs available to all four-year-old children.

◆ *Essential Questions:* ◆
Classifications of Child Care Programs

1. How can child care programs be classified?
2. What does the term developmentally appropriate practices mean?
3. What are the features of a child care franchise?
4. What are employer-sponsored child care services?

Chapter Highlights

- ☆ Most often, parents are the primary caregivers for their children. The child care profession provides secondary or substitute care. The profession is also known as early childhood education and care, which emphasizes the inclusion of education services in the care of children.
- ☆ The demand for child care services and caregivers is increasing. The need for child care services for infants and toddlers is growing faster than the need for services for older children.

BEST COPY AVAILABLE

Chapter Highlights, cont'd.

- ☆ The interest in childhood and treatment of children through history has always been tied to economic, religious, and social factors. Rousseau, Pestalozzi, Froebel, Montessori, Erikson, Piaget, Skinner, and Vygotsky have each contributed significantly to the field of early childhood education.
- ☆ Early childhood education is for young children from infancy through the elementary school years. Parents and educators have become more aware of the importance of helping children develop properly through child care programs. For this reason, even nonworking parents often choose child care services to help their children.
- ☆ Child care programs can be classified according to how many hours they are open, the number of children served, the types of services offered, the curriculum structure, or the funding structure.
- ☆ Individual care involves one caregiver taking care of one child or a small group of children. Group care facilities provide care for larger groups of children.
- ☆ Child care may be custodial, developmental, or comprehensive. Custodial care frequently does not meet licensing standards.
- ☆ In a custodial care program, the main concerns are safety and health. The children are not involved in planned programs that support their development. Developmental programs use planned activities to help children grow physically, emotionally, socially, and intellectually. Comprehensive programs offer a variety of services, such as transportation and after-school programs.
- ☆ Curriculum is a planned program for teaching and learning. It may differ in child care programs because of learning philosophies. A learning philosophy is one's opinion on the best way for children to learn.
- ☆ Child care programs may be businesses that provide a service to make a profit. Some are small and are owned and operated by a single person with a small staff. Nonprofit programs are sponsored or funded by government agencies, church or community groups, private donations, or private foundations.
- ☆ Employer-sponsored child care is available in some areas. The services may be a child care program at the work place, contract services with local child care programs, or information services to help employees find good child care programs. Employers may pay all or part of the cost of child care for their employees.
- ☆ Public schools pay some of the cost of child care by offering kindergarten programs for five-year olds. Some public schools now offer prekindergarten programs for four-year olds.

Chapter 2

Careers in Early Childhood Education and Care

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.

10B Demonstrate effective methods to secure, maintain, and terminate employment.

10D Evaluate the relationship of good physical and mental health to job success and achievement.

10G Exhibit productive work habits and attitudes.

11A Determine preparation requirements for various levels of employment in a variety of child care and early childhood education careers.

11D Determine how interests, abilities, personal priorities, and family responsibilities affect career choices.

11E Compare rewards and demands for various levels of employment in a variety of careers.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

13A Analyze challenges of managing multiple family, community, and wage-earner roles.

13B Exhibit management practices facilitating individuals assuming multiple roles.

Chapter Vocabulary

associate teachers
Child Development Associate (CDA)
communication
confidentiality
credential
entry-level
ethical
portfolio
probationary period
references
resumé
specialists
teachers
teacher assistant

The profession of early childhood education and care offers many exciting and rewarding chances for jobs. Prospects for future work and promotions are good for caregivers who earn important credentials. A ***credential*** is proof that a person has completed education or certain job experience.

The state minimum standards (or funding agency guidelines) provide basic employee qualifications. However, the center director or board of directors may set higher requirements. National Association for the Education of Young Children (NAEYC) recommendations may be used. Goals and objectives of the child care program influence the types of caregivers employed.

POSITIONS AVAILABLE

In the field of early childhood education and care, there are jobs you can do right now. There are other jobs that may take some training or several years of education. Learning about child care will give you a chance to explore careers in this area.

Jobs in early childhood education and care are classified in different ways to describe tasks done by persons who work in these jobs. Each state has different requirements that a child care center must meet to get a license. These requirements affect the types of jobs in child care and education, as well as experience required. Each child care center may add individual requirements for workers to be hired. Because of these differences, it is hard to list all jobs available. The following general descriptions help to classify jobs by type.

Entry Level

An ***entry-level*** job is one which requires no special training. In this book, the term ***teacher assistant*** refers to an entry-level child care employee. An entry-level employee may also be called a trainee, student in training,

child care aide, day care aide, or child development aide.

A teacher assistant follows a teacher's or associate teacher's plans and is supervised by someone with more work experience or education. Most states require that child caregivers be at least 18 years old. High school students with child care training are sometimes hired in these positions.

Level 2

Persons with specialized work experience or education may become ***associate teachers.*** Most associate teachers receive an associate degree in early childhood education or child development from a college. An associate degree requires approximately two years in college. Some associate teachers have a ***Child Development Associate (CDA)*** credential. This means they have reached certain goals through their work as a child caregiver. The credential is given based on abilities and experience.

Associate teachers have gained abilities through work experience and education. They are given more responsibility than entry-level child caregivers. Associate teachers direct their own program activities and are assigned to care for and teach a group of children.

Level 3

Level 3 jobs include different levels of responsibility. One of these positions, teacher, is similar to the position of associate teacher. The different titles show that people in these jobs have different education levels. ***Teachers*** have a bachelor's degree in early childhood education or child development. A bachelor's degree requires approximately four years in college. Other level 3 positions are supervisor, lead teacher, professional certified teacher, and child development director.

Level 4

Level 4 jobs are professional management jobs. Persons in these jobs may be called early childhood ***specialists***. They are required to have a graduate degree (master's or doctor's degree) or must have worked for three years in a level 3 job. Specialists may supervise and train staff members, as well as plan and manage child care programs.

Related Jobs

There are many careers which allow a person to work with children besides those already listed. Examples are social workers, who help people with emotional and social problems; special education teachers, who work with children who are physically, emotionally, or educationally challenged; and pediatricians, who are medical doctors specializing in treatment of children. Recreation workers often work directly with children providing special activities. Many other jobs involve skills in working with children.

BEST COPY AVAILABLE

◆ Essential Questions: ◆
Positions Available

1. How do various levels of jobs in child care professions differ.
2. What education or experience is required for each of the different job levels?
3. What are three related jobs that require knowledge of working with children?
4. What is a CDA credential?

MULTIPLE ROLES

All individuals have multiple roles. These roles may include being a family member, student, employee, volunteer, and many more. With each role comes responsibilities and expectations. In order to fulfill each role and minimize daily stress, individuals must examine their abilities, interests, and priorities. This self-assessment will influence career goals and choices.

Once career goals are set and choices are made, individuals must learn how to manage their many roles. It is important to balance activities to maintain good physical, mental, and emotional health, as well as to prevent

burnout. It may be helpful to maintain a journal for a week or two to identify exactly what is done throughout the day and week. This journal can then be used to develop a time management plan and evaluate the balance of activities.

Managing multiple roles is always a challenge. When roles and activities compliment each other, individuals are able to identify combinations that promote leadership development and professional growth.

◆ *Essential Questions:* ◆
Multiple Roles

1. What roles do you now have?
2. How might these multiple roles influence your career choice?
3. What can be done to reduce the stress of multiple roles?

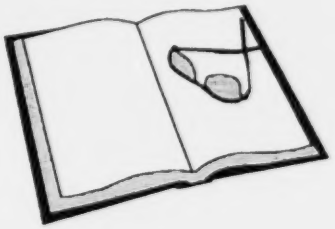
QUALITIES OF SUCCESSFUL CHILD CAREGIVERS

All successful child caregivers have certain traits in common. Caregivers who possess these traits have the ability to work in a professional manner. These traits include the following:

- care and concern for children
- desire to learn more about how young children develop
- good communication skills with children and adults
- good physical and mental health
- ethical principles
- a positive attitude toward work
- active interest in the career

Most important, successful child caregivers enjoy children. They work with children in a warm, relaxed, and friendly manner; have a desire and the ability to help explore the child's world; and have patience. Successful child care workers respect children as learning, growing individuals.

Child caregivers should also be willing to learn more about children and how they develop. A basic knowledge of child development, child rearing, and child guidance methods is important. In Texas, new staff without training or experience in regulated child care must complete eight hours of pre-service training before being given responsibility for a group of children. However, continuing education is necessary to keep up with new developments in early child care and education. In order to meet Texas day care minimum standards, caregivers must receive at least fifteen clock hours of training annually and directors must receive at least twenty hours of training annually. Entry-level workers will grow and learn through training and experience. Many may move to higher-level jobs. Learning to follow instructions and accept criticism is very important.



Good communication skills are important for child caregivers. They need to communicate well with children (including infants and toddlers), coworkers, and parents. ***Communication*** involves sharing ideas and listening to others.

Caregivers of young children need to be energetic and healthy. They must be well-groomed and clean in order to prevent the spread of germs. Caregivers should be rested and alert. Furthermore, they should have a positive self-concept in order to feel good about working with other adults and children.

BEST COPY AVAILABLE

A successful child caregiver is ethical. To be ***ethical*** means to be fair, honest, and loyal. An ethical child caregiver is professional and follows the rules of the center, especially the rules for confidentiality. ***Confidentiality*** means that personal information about a child, a family, or a coworker is not to be shared with anyone except a supervisor. Personal information is shared only if it is important to the safety, health, or understanding of a child. A caregiver should not discuss a child's development or behavior with anyone other than the director or parent without permission. Furthermore, a child or matters concerning a child should never be discussed in front of the child or any other child.

Entry-level caregivers should share any important concerns about a child's behavior with their supervisors. It is the job of the director or the lead teacher to share such concerns with the child's parents.

Child caregivers need a positive attitude toward their work because children copy the attitudes of people around them. A positive attitude involves being cooperative, cheerful, enthusiastic, dependable, and trustworthy. Dependable and trustworthy caregivers put the safety and well-being of the children above everything. They do the jobs assigned to them and help with cleanup tasks without being reminded.

People with different job titles do different jobs in a child care center. Some people work with children, while others manage the business of the child care center. Besides pay, child caregivers receive other rewards for doing their jobs. Rewards include good feelings about helping children and about people with whom they work. All people want to feel that the job they are doing is worthwhile. When people understand the value of their work, they are more motivated to do a good job.

Before caregivers apply for a job in the child care center, it is important to ask themselves several questions, such as the following:

- Do I enjoy working with children?
- Am I willing to accept more responsibilities and stress if I am promoted to a higher-level job?
- What effect will working longer hours and taking on more responsibilities have upon my personal and family life?

◆ *Essential Questions:* ◆
Qualities of Successful Child Caregivers

1. What does it mean to be a professional?
2. What qualities would benefit an individual interested in a career in early childhood education and care?
3. Why are good written and verbal communication skills important to careers in this profession?
4. Why is continued training important to the developing child care professional?

395 BEST COPY AVAILABLE

GETTING AND KEEPING A JOB

Applying for the first job in child care is an important step in a child caregiver's career. Knowing what to expect and preparing for a job interview will help future caregivers make a good impression.

Locating the Jobs

Job openings can be found in a variety of ways. The family and consumer sciences teacher or supervisor can help students find jobs. School counselors may have information that will help. Other sources are newspaper ads, employment agencies, child care training programs found at junior colleges and universities, and the Texas Workforce Commission.

Check with the training program teacher and counselor first. Child care directors often contact high school counselors or training supervisors when they have job openings. When applying for a job, it is important to show interest and drive. Ask a teacher or counselor for advice when applying for those first jobs. Find the classified ad section for child care workers in a local newspaper. Get an idea about the variety of available child care jobs. When interested in a job opening, promptly submit an application or portfolio. A ***portfolio*** is a collection of information and reflections about one's accomplishments, learning, strengths, and best works. The portfolio shows growth or potential growth of an individual. As you gain experience and grow as a professional, update your portfolio so it will always be ready when needed.

Many cities have youth employment services which help teenagers find part-time and full-time work. There is no charge for this service. Professional employment agencies charge a fee for the same work but may know of jobs that are not found by most people. Before taking a job through an employment agency, be sure to understand how they charge for their services and what payment is required even if the job is lost.

Some jobs are advertised only through word-of-mouth or by notices placed on bulletin boards. Watch for job information from these sources. Also, try applying for work at a child care center even though the center may have no openings. Many businesses will keep applications on file.

If possible, apply for work at several different child care centers. This gives you more than one choice, and frequently directors exchange information or contact each other when seeking employees. Compare the types of facilities, the working conditions, the neighborhoods, and other factors that are important to you.

Making the Contact

When a good job listing is found, decide how to make the contact. If the listing has a telephone number, call to ask about the job and ask for an interview. If invited for an interview, ask for the address, specific directions, and who to ask for on arrival. Write this information down. Take it to the interview.

If only an address is given in the listing, a letter of application and resumé should be sent. Always write or call ahead and set up a time for an interview. Do not arrive without an appointment. Make a good first impression. Often, people make a bad impression because of poor telephone manners or because letters sent contain poor grammar and misspelled words.

When invited for an interview, plan ahead. It is important to be clean and neat. Choose clothes that are right for the job. Casual dress clothes, such as a skirt or slacks and blouse for females and dress pants and a buttoned shirt for males, are correct for an interview. Plan to wear neat and comfortable shoes. Sometimes the interviewer will introduce the applicant to a classroom of children to observe the interaction between the children and applicant.

Plan ahead to take things needed for the interview. These include a good pen with black ink, social security card, driver's license number, proof of citizenship, CPR and first aid certification cards, and a health certificate. Also take along a typed resumé with references including names, addresses, and telephone numbers. ***References*** are people who can recommend another person for a job. A ***resumé*** is a paper that describes your background, special training, and work experience. Figure 2.1 shows a sample resumé.

Filling Out Applications

A blank application form may be picked up at the center or mailed to you. Usually, an application will be filled out as part of the interview. Most application forms ask for the same basic information. This includes name, address, telephone number, social security number, schools attended, job history, hobbies, interests, activities, honorary or leadership positions held, and references. Some may ask for a short statement about career goals or why this particular job is interesting. Think about these things ahead of time.

When filling out application forms, read the instructions carefully. It is a good idea to write answers on scrap paper before filling in the application form. Having needed information at the interview will make you more sure of yourself. Write neatly. Writing gives a "first impression." Be sure to ask questions if unsure about what information is needed. Fill out all blanks honestly and clearly. If a question does not apply, write "does not apply," "NA" (for "not applicable"), or fill in the blank with two or three neatly drawn dashes.

The Interview

Allow extra time to get to the interview. Plan to arrive five minutes early. When entering the place where the interview is to be held, find the interview room. Feel free to ask directions. Introduce yourself by saying your name clearly. Greet the person with a friendly smile. Be prepared to give a firm handshake.

Answer all questions sincerely and honestly. Offer the interviewer a copy of your resumé. Expect questions about why you are interested in a job in child care, what courses you have taken, what your strengths are for the job, what you see as your major weakness for the job, what age group you like best and why, what steps you are willing to take to be promoted, and "what if" questions about working with children.

Show your interest in the job by asking questions. If the interviewer has not given certain information, ask a good question like one of the following:

- What are the duties of this job?
- Who supervises the person in this job, and who should be asked for help and information while on the job?
- What are the chances for being promoted?
- What training and education are offered, and what is required?
- What is the salary range for this job (lowest to highest)?
- What are the employee benefits (insurance, vacation, sick leave, social security, etc.)?
- Where do the employees work? Ask to see the rooms and the playground used.

Chris Sampson
910 Broadway
Anytown, Texas 99999
(239) 848-2284

Position Applying For
Work in a child care center

Education
1998-2001 West High School; Anytown, Texas
1996-1998 Central Junior High School; Anytown, Texas

Experience
2000-Present Playground Aide
Amy's Child Care Center
Anytown, Texas

1998-2000 Sales Clerk
Toni's Apparel Store
Anytown, Texas

Activities and Honors
Family, Career and Community Leaders of America
Spanish Club
Science Club
Principal's Honor Roll

References

Lynn Hudson	Amy Goetz	Pete Ruiz
411 Ash Street	742 Randolph	211 Main
Anytown, TX 99999	Anytown, TX 99999	Anytown, TX 99999
848-1974	898-4400	898-4116

⇨ ***Figure 2.1***

At the end of the interview, thank the interviewer for his or her time and consideration. If you are not told, it is correct to ask when a decision will be made about the job. Within a day of the interview, type a short note showing interest in the job and thanking the interviewer for the interview. If you do not hear from the interviewer by the time given, it is appropriate to call to see if someone has been hired.

Do not be discouraged if you do not get the job. Most people interview several places before finding the job that is best for them. Each interview helps you learn and prepare for other interviews.

Keeping the Job

An important part of any job is cooperation with coworkers. ***Cooperation*** is very important with child caregivers because children should be in safe and happy surroundings. Child caregivers must be dependable.

New workers in Texas are required by *Texas Day-care Minimum Standards and Guidelines* to go through a center orientation. During the ***orientation***, new employees will learn the requirements in Texas minimum standards, facility child care policies, and emergency procedures. This is a time for learning and asking questions. For example, make sure you know the steps to follow when children arrive and leave. Learn about guiding children. Learn the chain of command within the organization. The duties of all workers should be explained. During orientation, pay close attention to what is being said and take good notes. Try very hard to follow the procedures. The following guidelines will help you be successful in your job:

- Be on time for work.
- Be willing to come a few minutes early or stay a few minutes late if needed.
- Listen carefully when instructions are given. Complete your assigned tasks cheerfully. Ask questions if the instructors, or their instructions, are not clear.
- Follow the rules and procedures given for the program.
- Except in emergencies, *do not* do jobs which you were not assigned involving the children. In emergency situations, follow the emergency procedures given in orientation and get help from supervisors as soon as possible.
- Show that you like and enjoy the children's activities.
- Try to learn about child development through training offered.
- Above all, remember the children's safety and well-being are of primary importance.
- Set a good example for the children and coworkers.
- Do not repeat confidential information.
- Stay healthy.
- Talk with superiors about progress made on the job.
- Communicate with and be responsive to parent concerns.

A ***probationary period*** is a set length of time that allows the director to evaluate the employee's performance. The employee is also able to evaluate job satisfaction. At the end of this period, the director may add the employee to the permanent staff or suggest that the employee seek another type of work. Letting an employee go after a probationary period is different than dismissal later on in employment.

Advancing in Child Care Centers

Most licensing agencies require a worker to complete a certain number of hours of classroom training in early childhood education each year. To be promoted in the field of child care, a child caregiver must gain education and experience. Keep a record of your training experiences for future employment. The number of hours required varies from state to state. In Texas, training must be documented in staff records at the child care center. The training may be approved in-service training offered by the center, or it may be training offered for academic credit at a vocational school, two-year college, or four-year college.

◆ Essential Questions: ◆
Getting and Keeping a Job

1. What are some guidelines to follow in getting a job in child care?
2. What are some guidelines to follow for keeping a job in child care?
3. What is a portfolio?
4. What is the difference in approved in-service training and training for academic credit?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Types of jobs in early childhood education and care may be grouped in a variety of ways. They may vary from state to state or from program to program.
- ☆ Interests, abilities, personal priorities, and family responsibilities influence career choices.
- ☆ Job titles, such as teacher assistant, associate teacher, teacher, and specialist, are held by people with different levels of experience and education.
- ☆ Education and experience are important for a worker to advance in the child care profession. The high school diploma, the Child Development Associate credential or an associate degree, the bachelor's degree, and a graduate degree in early childhood education/child development are the credentials required for various job levels in child care.
- ☆ The Child Development Associate credential is given based on abilities and experience.
- ☆ All successful child caregivers have certain traits in common. These traits include care and concern for children, desire to learn more about how young children develop good communication skills with children and adults, good physical and mental health, ethical principles, a positive attitude toward work, and an active interest in the career.
- ☆ To get a job in child care, skills are needed in finding job openings, making contacts, filling out application forms, and interviewing.
- ☆ To keep a job in child care, employees should follow the role of successful child care workers, always think about the safety and well-being of the children in their care, follow the policies and procedures of the program in which they work, and cooperate with coworkers and superiors.
- ☆ Confidential information about a child should only be shared, when important, with the supervisor.

Chapter 3

Professionalism

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1D Identify the chain of command and responsibilities of each employee.

10C Demonstrate positive interpersonal skills including conflict resolution, negotiation, teamwork, and leadership.

10E Demonstrate appropriate grooming and appearance for the workplace.

10F Demonstrate appropriate business and personal etiquette in the workplace.

10G Exhibit productive work habits and attitudes.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

12A Summarize the rights and responsibilities of employers and employees.

12B Exhibit ethical practices as defined by industry standards.

12C Discuss legislation and public policies affecting the child care profession.

Chapter Vocabulary

appropriate dress
Association for Childhood Education International (ACEI)
decision
Texas Department of Protective and Regulatory Services
ethics
National Association for the Education of Young Children (NAEYC)
profession
professional dress
professional organization
professionals
Southern Early Childhood Association (SECA)

Child care has moved out of the home and into the business community, becoming an industry. As the needs of society have changed and expectations of children increased, child care has become known as "early childhood education and care." Child caregiving has evolved into a profession requiring those who care for children to be educated and trained in child growth and education.

A PROFESSION

A ***profession*** is defined as an occupation requiring specialized education or training. ***Professionals*** are individuals who internalize the evolving knowledge base of their particular field and implement this knowledge through appropriate practices. Knowledge, coupled with practice in the field, facilitates the development of competent practitioners or professionals.

Characteristics of a Professional

Professionals have a knowledge base, experience, and commitment. Knowledge begins with an understanding of growth and development, including physical, social/emotional, and cognitive development. Furthermore, early childhood education and care professionals have an understanding of developmentally appropriate practice and respect children and families from all cultures and backgrounds. These professionals attend training sessions and conferences to upgrade their skills to remain on the cutting edge of developmental issues related to young children. Experience comes from working with children in a variety of settings. Professionals exhibit a positive attitude and accept challenges and responsibilities because it will increase their skills and expertise, not for "how much they will get paid." Commitment involves advocating for children and families, supporting developing professionals, becoming professionally involved and continuing to receive training. Advocacy is speaking up for those who are unable to speak for themselves because of age, intimidation, or lack of knowledge.

Early childhood education and care professionals exhibit many characteristics in addition to those identified in the previous paragraph. Professionals in the field of early childhood education and care:

- render service to and show concern for people;
- work independently requiring little supervision (are self-disciplined);
- assume responsibility for personal behavior (are accountable);
- work to get a job done instead of by the hour;
- maintain good physical, emotional, and mental health;
- continually seek improvement;
- are loyal to colleagues and do not attempt to advance at the expense of others;
- possess good communication and public relation skills;
- give others credit for their work and ideas;
- meet commitments and obligations fully and on time.

Becoming a professional takes time, effort, and energy.

◆ Essential Questions: ◆
A Profession

1. What is a profession? A professional?
2. What are the three primary qualities of a professional?
3. What are some other characteristics of an early childhood education and care professional?

PROFESSIONAL ORGANIZATIONS

A ***professional organization*** is composed of professionals in the same or related fields of work. Organizations may be local, state, regional, national, or international. Most early childhood professional organizations have similar goals and missions. Many publish journals and information to keep members informed of new trends and developments in the field.

Two major professional organizations in the early childhood education and care profession are the Association for Childhood Education International (ACEI) and the National Association for the Education of Young Children (NAEYC).

The ***Association for Childhood Education International*** is a nonprofit association whose mission is to promote and support in the global community the optimal education and development of education, from birth through early adolescence, and to influence the professional growth of educators and the efforts of others who are committed to the needs of children in a changing society. Members are dedicated to seeking improved health, education, and well-being of children, advancement of childhood education, and professional development of their teachers. The ACEI publishes the journal, *Childhood Education*, as well as numerous other books on current topics related to the profession.

The ***National Association for the Education of Young Children*** is the nation's largest and most influential organization of early childhood educators and others dedicated to improving the quality of programs for children from birth through third grade. NAEYC was founded in 1926. It has over 103,000 members and national network of nearly 450 local, state, and regional affiliates. NAEYC exists for the purpose of leading and consolidating the efforts of individuals and groups working to achieve healthy development and constructive education for all young children. Primary attention is devoted to assuring the provision of high quality early childhood programs. NAEYC publishes the journal, *Young Children*, as well as numerous other books and other resources on current topics related to the profession.

The ***Southern Early Childhood Association*** (SECA) is a regional organization including fourteen southern states. It is a nonprofit organization whose purpose is to work on behalf of young children and their families. One of its particular functions is the dissemination of knowledge and understanding of young children and their needs. *Dimensions* is the journal produced by SECA.

The Association for Childhood Education International, the National Association for the Education of Young Children, and other early childhood professional organizations are instrumental in shaping legislation and public policy related to children and families. These organizations hire lobbyists and involve their members in advocacy campaigns to communicate needs of children, families, and early childhood educators to policy makers.

BEST COPY AVAILABLE

◆ Essential Questions: ◆
Professional Organizations

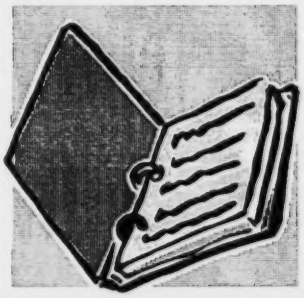
1. What is a professional organization?
2. What are two major professional early childhood education and care organizations?
3. What are the primary missions of professional early childhood education and care organizations?

LEGISLATION AND PUBLIC POLICY

Legislation and public policy are important factors in the lives of young children and their families. Legislation and public policy provide guidelines for child care, regulate social services, and influence the environment in which children live.

In Texas, the ***Texas Department of Protective and Regulatory Services*** is the agency responsible for licensing child care facilities and seeing that the guidelines are followed. The purpose of child care licensing is to enforce *Texas Day-care Center Minimum Standards and Guidelines,* thus maintaining a safe and healthy environment for young children being cared for outside the home. Every six years *Texas Day-care Center Minimum Standards and Guidelines* are reviewed with comment forms being sent to all registered facilities. At this point a lengthy process begins which eventually results in an updated set of minimum standards.

Other legislation and public policies that affect early child care programs include child care funding, health and fire regulations, and zoning ordinances. Legislation and regulations may vary from county to county and city to city. It is important for child care directors to be informed of legislation and regulations that apply to their facility.



◆ Essential Questions: ◆
Legislation and Public Policy

1. How do legislation and public policy affect child care programs?
2. What is the purpose of *Texas Day-care Minimum Standards and Guidelines?*
3. What is the role and responsibility of the Texas Department of Protective and Regulatory Services?

CODE OF ETHICS

Ethics are a set of standards describing a professional's responsibilities in terms of behavior and conduct. In 1989, NAEYC approved the *Code of Ethical Conduct and Statement of Commitment.*

The standards of ethical behavior are based on a commitment to core values, found in Figure 3.1, that are deeply rooted in the history of the field. The code addresses professional responsibilities in four areas: children, families, colleagues, and community and society. In each area ideals and standards are set forth to guide conduct and assist practitioners in resolving ethical dilemmas encountered.

BEST COPY AVAILABLE

CORE VALUES

We have committed ourselves to:

- Appreciating childhood as a unique and valuable stage of human life cycle
- Basing our work with children on knowledge of development
- Appreciating and supporting the close ties between the child and family
- Recognizing that children are best understood and supported in the context of family, culture, community, and society
- Respecting the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Helping children and adults achieve their full potential in the context of relationships that are based on trust, peace, and positive regard

Source: NAEYC Code of Ethical Conduct and Statement of Commitment, 1998.

Figure 3.1

The first section related to children states, "Our paramount responsibility is to provide safe, healthy, nurturing, and responsive settings for children." This one statement provides the basis for the ideals and standards which follow, addressing needs of children, diversity, and standards for ethical behavior.

Section II addresses ethical responsibilities to families, recognizing that families are of primary importance to children's development. Because concern for the child is shared by the family and the teacher, collaboration between home and school becomes important. Working together promotes the child's growth and development.

The third section concerns ethical responsibilities to colleagues. The professional's primary responsibility is to establish and maintain work environments and relationships that support productive work and meet professional needs. Both employers and employees are responsible for providing the highest quality service possible. Furthermore, facility leaders should have clearly written personnel policies that define program standards and specify expectations of employees.

Section IV addresses responsibilities to the community. Professional responsibilities include providing programs that meet community needs and cooperating with agencies and professions that share responsibility for children. Furthermore, it is the professional's responsibility to be the voice for children.

Essential Questions:
Code of Ethics

1. What are ethics?
2. What is the purpose of a code of ethics?
3. What is the basis for the *Code of Ethical Conduct* for NAEYC?

BEST COPY AVAILABLE

COMMUNICATING WITH CHILD CARE LICENSING

It is the responsibility of child care licensing to insure that child care facilities comply with the child care licensing law, Chapter 42, Human Resources Code and the applicable minimum standards. After a facility has been licensed and is in operation, visits will be made by a child care licensing representative from the Texas Department of Protective and Regulatory Services on a schedule determined by the facility compliance record. Licensing representatives should be viewed as partners in child care. Representatives help facility personnel to understand and interpret minimum standards and offer consultation in regard to meeting and maintaining minimum standards. When necessary, these representatives investigate complaints.

Open communication with child care licensing staff is essential in maintaining a quality program. In order to be in compliance with minimum standards, facility personnel, usually the director, are required to report some occurrences immediately. Facilities are required to report illnesses listed in the appendix of minimum standards, injury requiring medical attention, suspected child abuse, any event that endangered a child's safety, and changes in physical facility or operation of that facility.

When contacting child care licensing, the chain of command in the facility should be followed. Before a call is made, the facility representative should have all the needed information at hand. If a child is involved, the representatives should know (1) the name and age of child; (2) parent(s) name and telephone number; (3) what happened and who witnessed the incident; and (4) what procedure was followed after the incident occurred. If reporting a facility or director change, the facility representative should discuss the plan with the licensing representative and then call to say the plan is being put into place.

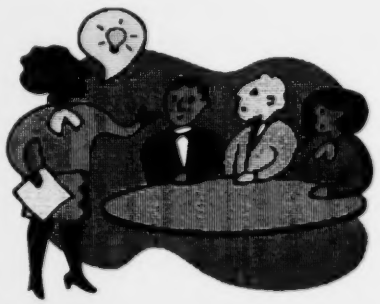
It is important to remember that child care licensing representatives are in place to help maintain safe and healthy environments for young children. Open and honest communication with licensing representatives builds a trusting relationship which creates a good environment for everyone involved – facility personnel, parents, and children.

◆ *Essential Questions:* ◆
Communicating with Child Care Licensing

1. Why is it important to build a strong relationship with child care licensing?
2. What must be reported to child care licensing according to Minimum Standards?
3. What information should the facility representative have ready when contacting licensing?

PROFESSIONAL RELATIONSHIPS

Professional relationships include contacts and interactions with other practitioners in early childhood education and care. As professional relationships develop and strengthen, interpersonal skills, professional etiquette, and leadership qualities increase in importance.



Professional relationships provide opportunities for collaboration and teamwork.

BEST COPY AVAILABLE

which allows child care practitioners to maximize resources. Collaboration and teamwork involve the sharing of ideas, resources, and work loads. However, when professionals work together, they must be willing to negotiate and compromise since the early childhood population is diverse and represents a variety of needs. Conflict resolution must be practiced so everyone leaves the table feeling that they have come away with something. Collaboration, teamwork, negotiation, and conflict resolution allow professionals to continue to work and advocate together for young children.

Professional relationships provide opportunities for the sharing of expertise and resources. Collaborative planning between child care practitioners, administrators, and parents maximizes developmental opportunities for children. Good communication strengthens the parent-child relationship and supports the family as primary caregiver.

◆ Essential Questions: ◆
Professional Relationships

1. What is a professional relationship?
2. What skills are involved in maintaining effective professional relationships?
3. How do collaboration and teamwork benefit young children?

DECISION MAKING

A ***decision*** is a choice a person makes from various possibilities. The child care professional makes hundreds of decisions every day. Decisions are made about curriculum, guidance, basic care, safety, and professional development. Decision making is a continuous process that is learned and improves with practice. See Figure 3.2. Decision making involves the following five steps:

1. Identify the decision to be made or the problem to be solved
2. List all possible alternatives
3. Choose the best alternative
4. Act on the decision by making a choice
5. Evaluate the decision/revise the plan.

When making decisions in the work environment, coworkers should be considered and consulted. Frequently, teachers and caregivers in early childhood settings share space, equipment and materials. Therefore, a decision could affect more than one staff member or classroom.

The program or school philosophy is usually based on one or more theories of child development and reflects the beliefs about how young children develop and learn. This document should provide the basis for all decision making, along with the *Code of Ethical Conduct and Statement of Commitment.*

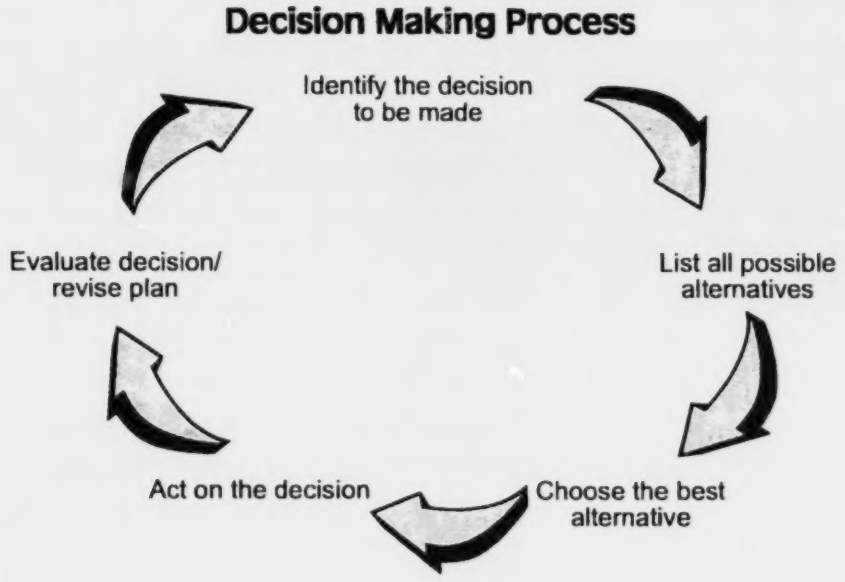
◆ Essential Questions: ◆
Decision Making

1. What steps are involved in the decision-making process?
2. Why is it important to consider others in the facility when making decisions?
3. Upon what documents should decisions be based to insure good choices?

APPROPRIATE CONVERSATIONS/ COMMUNICATION

Communication is the giving of information by speaking or writing. It is critical that child care practitioners use grammatically correct English in speaking and writing. It is always advisable to have a coworker read communications that have been written to

BEST COPY AVAILABLE


Decision Making Process
Identify the decision to be made
List all possible alternatives
Choose the best alternative
Act on the decision
Evaluate decision/ revise plan

⇨ *Figure 3.2*

check for spelling, grammar, clarity, and content.

Ethical conduct must also be considered in communication and conversation. The *Code of Ethical Conduct* states that the confidentiality and disclosure of children's records will be protected. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality requires family consent, except in the case of abuse or neglect. Child care practitioners should maintain confidentiality and respect the family's right to privacy. They should refrain from disclosure of confidential information and intrusion into family life.

Appropriateness of conversation is another consideration. The work environment is not a place to discuss personal activities and relationships. It is a place to discuss curriculum, classroom activities, and projects that are related to programs for young children. Child care practitioners should develop the practice of discussing children and their behavior only when children and non-program adults are not present.

◆ ***Essential Questions:*** ◆
Appropriate Conversations/ Communication

1. What types of communication are used in a child care setting?
2. How does the *Code of Ethical Conduct* address communications?
3. What are three appropriate topics for conversations and three inappropriate topics of discussion in the workplace?

APPROPRIATE DRESS

Appropriate dress and professional dress are different. ***Appropriate dress*** is dress that is suitable for the occasion or activity at hand. ***Professional dress*** is usually tailored and designed for meetings, conferences, or occasions where adults are present. For example,

409 BEST COPY AVAILABLE

if a class is going on a field trip to a theater, "Sunday dress" would be appropriate; however, if the field trip is to the farm, nice jeans and a shirt may be appropriate. Since teachers and caregivers of young children are constantly standing and involved in hands-on activities which include paint, glue, and other messy items, it is important that shoes and clothing be comfortable and washable while allowing for freedom of movement.

Teachers and caregivers are seen daily by children, parents, prospective parents, and supervisors. The impression made by these individuals will influence professional respect, enrollment, and public opinion about the employing care facility. Most importantly teachers and caregivers serve as role models for children. Faded, ill-fitting, well-worn clothing; low cut shirts or "short, short" skirts or shorts; clothing that limits movement; and large, dangling jewelry are inappropriate. Safety must always be considered when teachers and caregivers select clothing for work.

Appropriate dress allows teachers and caregivers to work comfortably and effectively with children in a variety of activities. Appearance should reflect positively on the early childhood education and care profession.

◆ ***Essential Questions:*** ◆
Appropriate Dress

1. What is the difference in professional dress and appropriate dress?
2. What would be appropriate to wear on a typical school day?
3. What are three characteristics of appropriate dress for teachers and caregivers?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Early childhood and child care professionals have a knowledge base of child growth and development, experience from working with children in a variety of settings, and a commitment to work for the needs of children.
- ☆ Professional organizations may be local, regional, state, national, or international. However, all work for a common goal to provide for optimal education and development of children.
- ☆ Legislation and public policy influence programs for young children.
- ☆ The *Code of Ethical Conduct and Statement of Commitment* approved by NAEYC provides behavioral guidelines for child care professionals.
- ☆ Communications with the state child care licensing agency are essential to complying with minimum standards and providing high quality programs for young children.
- ☆ Decision making is a continuous process that is learned. Decision making influences the success of a child care program.
- ☆ Ethical conduct must be considered in communication and conversation. Appropriate communication within the child care setting should maintain confidentiality and respect the family's right to privacy.
- ☆ Appropriate dress allows teachers and caregivers to work comfortably and effectively in a variety of activities.

Chapter 4

The Child Care Center

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1D Identify the chain of command and responsibilities of each employee.

3B Describe effective methods of recording health-related information.

3C Explain state law in reporting suspected child abuse.

4E Identify the effects of child abuse on the growth and development of young children.

7C Evaluate appropriate techniques to assist children in their adjustment to a child care setting.

8F Describe how child abuse affects behavior.

9B Practice effective communication techniques that promote parental involvement.

10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.

12A Summarize the rights and responsibilities of employers and employees.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

age-level coordinators
board of directors
chain of command
child abuse
developmental stage grouping
director
extended day programs
lead teachers
liability
multi-age groupings
neglect
peer relationship
record keeping
reporting
self-care programs
subordinate relationships
supervisory relationship

A ***chain of command*** is an assignment of jobs and authority levels. Every group of people or business needs a chain of command so that workers know to whom they report. Child care workers are usually given regular duties, occasional duties, and duties to be done in case of an emergency. These tasks should be made clear to workers when they first begin the job.

STAFF ORGANIZATION

Many child care centers have a group of people who manage and guide the center. Often, this group is called the ***board of directors*** and is legally responsible for running the center. In Texas, all child care centers must have such a "governing body." However, the governing body may be one person. The center director reports to the board of directors or to the owner of the center.

Levels of Responsibility

Every child care center must have a ***director*** who is in charge of the center. The director's job includes planning, carrying out, and evaluating the program; hiring, training, supervising, and dismissing workers; communicating with parents; meeting licensing and other regulatory standards; and handling the finances of the center. Sometimes the director is also the owner. Large centers might have two directors (or a director and an assistant director). In small centers, the director may also be a teacher.

The next step in the chain of command for a large child care center is ***age-level coordinators*** (supervisors) or ***lead teachers***. These staff members are in charge of the educational program for a certain age or group. For example, a large center might have an infant/toddler coordinator, a preschool coordinator, and a school-age coordinator. They would work with the director to plan the overall program, help with staff decisions and problems, supervise staff, and communicate with parents of children in their groups. Age-level coordinators may also teach a group of children. Small centers will probably not have coordinators or lead teachers; the director will do these duties.

Teachers and associate teachers are the next step in the chain of command. They report to the age-level coordinator or to the director. Teachers (and associate teachers) are responsible for the children in the group they teach, for communicating with parents of these children, and for leading the educational program for their group. They also supervise teacher assistants (child care aides).

Teacher assistants help teachers (or associate teachers) with a group of children. Teacher assistants are not left alone with a group of children during times of activity, but work with the teacher and follow the teacher's directions. The teacher assistant may be left alone with the group during nap time or when the teacher has to step out of the room for a short period of time.

Teacher assistants perform many duties in the center. In addition to helping with a group of children, they might be asked to arrange chairs for group activities, prepare art supplies for art activities, straighten up activity areas at the end of the day, or assist with snacks and lunches.

Other staff may work at a child care center. These employees may include a secretary/receptionist, cook, and custodian. These workers do not play a direct role in the educational program of the center, but their work and the way they perform their duties affects the children and the operation of the center. It is

important for all staff members in a child care center to work together for the benefit of the children.

Staff Assignments in Emergency Situations

Some staff assignments will need to change in an emergency. The center director needs to set a basic plan of action for emergencies and explain it to each worker during new staff orientation. Plans should be set for care of a child who becomes ill or injured while at the center. Information on contacting the child's parents is important. Child caregivers should know what to do during "normal" weather changes, such as a snowstorm or heavy rainstorm, when parents may be late in picking up their children. Furthermore, staff members should be trained in and practice procedures to follow in case of emergency situations, such as fires, explosions, tornados, and toxic fumes or spills.

Because emergencies are unpredictable, only general emergency plans can be made. Following the plans may save lives, prevent harm to people, or protect an employee or the center from legal responsibility. It is important that the center keep an accurate and current attendance list in a place known to all caregivers. In the same place, there should be a file of names, addresses, and telephone numbers of the children's parents and other people named by the parents who may be called in case of emergency. One caregiver should be in charge of taking the attendance list and emergency file from the center in case of evacuation so that each child can be accounted for and parents can easily be notified.

The employee who first sees an emergency situation should tell other caregivers immediately. The person highest in the chain of command takes charge until the director arrives. It is very important that all staff members remain calm in order to keep the children calm. No children should be left

alone during an emergency. Whatever the emergency, the safety and well-being of each child is the most important concern.

◆ Essential Questions: ◆
Staff Organization

1. Why should child care workers know the chain of command and their role in the chain of command?
2. Why is it important for a child care center to establish and communicate general procedures for caregivers to follow in an emergency?
3. How may an emergency affect the chain of command in a child care facility?

HOW CHILDREN ARE GROUPED

Children enrolled in a child care center are usually grouped by age or level of development. The group size is usually designated by licensing standards and based on the children's ages and the ratio of children to adult caregivers.

Grouping By Age

When a child care center groups children by ages, the groups may be infants, toddlers, preschoolers, and school-age children. Some centers, especially small ones, may use multi-age groupings. Multi-age groupings are also

BEST COPY AVAILABLE

often used during the time when children are arriving and leaving.

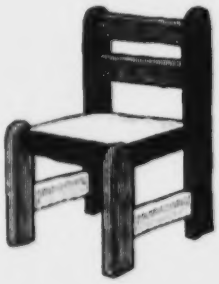
Infants. One of the greatest needs in child care is for infant care. Many child care centers do not offer infant care because it is expensive to provide since more workers are needed. For example, licensing standards in Texas in 1999 required at least one caregiver for every four children under 11 months of age, one caregiver for every 11 two-year olds, and one caregiver for every 18 four-year olds.

Infants in licensed child care centers are to receive more than just custodial care. As with other age groups, the physical, social, emotional, and cognitive needs of infants must be met.

Toddlers. The need for toddler care is also increasing. In general, a toddler is a child from one to three years of age who is developing walking skills. In some child care centers, toddlers may be separated into two age groups. Since toddlers are curious and very active, they need safe surroundings where they are free to explore while being closely watched by caregivers.

Preschoolers. Preschoolers, in general, are three and four-year olds. Although, in some states, four-year olds may be attending public pre-kindergarten all or part of the day. Preschoolers are learning to work in groups and to get along with other children.

Kindergarten-age Children. Most public schools offer a kindergarten program for children who are five years old. Some programs are half-day in length, but the trend is toward full-day kindergartens. Some public school systems have added pre-kindergarten programs for four-year olds. Because of this change, there is a demand for certified early childhood education teachers. In Texas, pre-kindergarten is mandated for low-income and non-English speaking children.



Kindergarten programs generally place more emphasis on formal learning than do preschool programs. They stress pre-reading and pre-math skills. Child care centers sometimes offer kindergarten programs. However, most five-year olds will attend a public or private kindergarten part of the day. The child care center may or may not provide transportation to and from a child's kindergarten.

School-age Children. Programs for school-age children (first graders and older) enrolled in child care centers are usually called ***extended day programs***, regardless of when the care is offered. Care may be offered before school, after school, during school holidays, and during the summer.

Because the needs of school-age children are different from those of younger children, the extended day program needs to be as separate as possible from the preschool programs at the center. If children come to the center after a school day, they need a nutritious snack, a place for privacy, and a place for physical activity. They may work on their homework while at the center and may participate in an after-school tutoring service, if provided.

Extended day programs, especially during the summer, include transportation to and from swimming, ballet, music, or other types of lessons, or to softball or soccer practice. Parents usually pay an extra fee for these special services and take responsibility for the safety of their children while they are away from the center.

Some centers offer ***self-care programs*** for older school-age children. In a self-care program, the school-age children enrolled at the center stay in their homes when they are not in school, but they can call the center in case of emergency, if they are frightened or lonely, or if they need advice.

Multi-age Groupings. ***Multi-age groupings*** (grouping children of different age levels together) have some advantages. When an older child helps a younger child, it gives the older child the chance to be in charge and responsible. As a result, he or she develops a good self-image. The younger child gains by getting special attention and learning to get along with older children.

Caregivers who work with multi-age groups should be aware of problems that can occur when children of different ages are together. Problems may include older children "bossing" younger children and safety concerns, especially during outside play.

Grouping by Developmental Stage

Developmental stage grouping means that children move to the next group when they are "ready" for the activities of that group. Because developmental stage groupings help children develop; the children in each group are constantly changing based on how they mature.

Young children are usually grouped by physical development. For example, crib infants might be cared for in one area, creepers in another, and crawlers in another. Toddlers, at various stages of toddlerhood, might be grouped by their walking and climbing skills. Slightly older children might be grouped by whether or not they are toilet trained. Preschool-age children, if grouped by developmental stage, are more likely to be grouped by social and emotional behavior rather than by physical ability.

Children usually go through certain "stages" at certain ages. Developmental stages are discussed in detail in the following chapters.

◆ *Essential Questions:* ◆
How Children Are Grouped

1. What are typical age groupings in a child care center?
2. What are typical developmental stage groupings?
3. What is the basis for deciding how to group children?

WORKING WITH STAFF, PARENTS, AND CHILDREN

Caregivers should communicate well with children and adults. The emotional "climate" of a child care center should be relaxed and friendly.

BEST COPY AVAILABLE

Staff Relationships

A caregiver understands the differences in peer, subordinate, and supervisory staff relationships. A ***peer relationship*** is the relationship of an employee with other employees at the same job level. Peers are equal in responsibility and authority level.

All employees except the director are in one or more ***subordinate relationships.*** This means that on a daily basis they receive instructions from and report to at least one person at a higher job level than their own. For example, teacher assistants are subordinates to teachers. Teachers report to lead teachers. Lead teachers report to age-level supervisors. Age-level supervisors report to the director.

In turn, employees who supervise other employees are in a ***supervisory relationship.*** In a large child care center, all caregivers except teacher assistants usually have some supervisory jobs. The cooperation of caregivers is important to the well-being of the children at a child care center. When staff members get along well together, children usually get along well together.

Several guidelines can help the center run smoothly. These guidelines include the following:

- Know your own duties and be aware of the duties of other staff members.
- Be a team player and volunteer to help others, when time allows.
- Work toward the goals of the center and follow its rules.
- Do not talk about other staff members.
- Use good communication skills.
- Follow the center's policy for reporting complaints. If the center does not have such a policy, talk to your supervisor or the director privately about the concern.

Relationships With Parents

When having contact with parents, caregivers should express positive feelings about working with their child. Guidelines listed below should be followed in daily informal contacts with parents.

- Accept parents as they are.
- Be pleasant and friendly. Make arrival and departure times pleasant for parents and children.
- Learn to recognize each parent. Call them by name (Mr. Jones, Mrs. Smith) when greeting them. Make eye contact with parents when speaking to them.
- Report only examples of their child's behavior that are positive. Unless told to do so by a supervisor, do not report or answer a parent's questions about a child's negative behavior. This is the job of the supervising teacher or the director and should be done in a parent/teacher conference. If parents continue to ask questions, refer them to the supervisor in a way that will not embarrass the child.
- If parents ask for help or for other types of information the caregiver is not assigned to give, refer them to someone on the staff who can help.
- Keep information about the family and the child care center confidential. Report information that concerns the well-being of a child or of the center to the teacher or supervisor.
- Have the children ready when parents return for them.
- Assist parents in helping children leave the center. Sometimes children would rather stay at the center than go home. Tell children nicely that it is time for them to

go home and that they can come back tomorrow.

Working With Children

As a child caregiver, the most interesting and rewarding interactions are with the children. Several general guidelines for working with children in positive ways include the following:

- Work with the children in ways that will help reach the goals and follow the rules of the center.
- Make eye contact with children and listen carefully to what is said. When talking with a child, give that child your full attention. Sit or kneel down so the child can see you face to face.
- Let the children know that you like them. Have a caring attitude. Show your care for each child by your tone of voice, treat each child fairly, and show appropriate affection.
- Be firm, kind, and consistent in guiding children. Children expect caregivers to make and enforce rules. Failure of a caregiver to do so causes children to be confused about what is expected of them.
- Be sincere and relaxed. Keep a sense of humor. Show children that you like being a child caregiver.

◆ Essential Questions: ◆
Working with Staff, Parents, and Children

1. What are some guidelines for teachers and caregivers to follow in working and cooperating with others in the work environment?

2. What are some guidelines for teachers and caregivers to follow in communicating with parents?

3. What are some general guidelines for teachers and caregivers to follow in working with children?

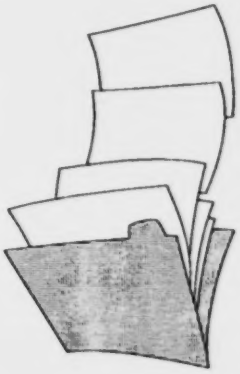
INTRODUCING CHILDREN TO GROUP CARE

Introducing children to group care is difficult for both parents and children. Sometimes family members make negative comments that contribute to the parents' feeling of guilt in having to leave their child in order to work. Teachers and caregivers play a major role in successful transitioning from individual care to group care. It is important to help parents feel that their children will be safe and well cared for. It is also important for the children to feel safe, secure, and loved.

Child care administrators, teachers, and caregivers should encourage parents to gradually introduce the children to group care. Parents should visit the facility first and go through an orientation (either group or individual) to become familiar with the daily routines and procedures to follow upon arrival and departure. At this time they should receive a parent handbook explaining the facility guidelines.

BEST COPY AVAILABLE

Before the parent and child return for a classroom visit, the teacher should read the child's information file. The following information is important to a successful transition:



- eating, sleeping, and toileting routines
- allergies or medical problems
- favorite activities and special interests
- information which will support conversation (siblings, pets, living arrangements, etc.)

Before the child's actual first day of attendance, the child should be brought to the center for a visit. Initially, the parent and staff member should lead the child on a tour of the facility, making positive comments and helping the child to become comfortable with the surroundings. The assigned classroom should be visited next. This visit should be short, approximately an hour, and the parent should remain in the room. When the visit is over, the teacher should make the child feel welcome and state when he or she will be returning. An appropriate response might be, "The children and I are glad that you are coming to our school. We will see you in the morning."

On the first day of attendance, the parent may leave the child for only a portion of the day. The child should always be told when the parent will return, and the parent should arrive when expected. This is important in making the child feel secure in the new environment. When the child is comfortable, he or she should stay the full day.

The procedure described is the ideal for introducing children to group care. Frequently, a gradual introduction is not possible. However, in that case, parent orientation and reading of the file for important transition information should still take place. The short days may have to be omitted.

◆ *Essential Questions:* ◆
Introducing Children to Group Care

1. Why is gradual introduction to group care important?
2. Why is it important for the teacher to read the child's information file before the child enters the classroom?
3. What procedure should be followed in introducing children to group care?

REPORTING AND RECORD KEEPING

Reporting by a child caregiver involves telling appropriate staff members accurate information at the proper times. ***Record keeping*** (or recording) means that information is written down. Reporting and record keeping are two ways that caregivers help with the staff communication process within a child care center. The director of a child care center should tell staff members what types of information need to be recorded. In general, caregivers report the following to their supervisor:

- **Accidents** - All accidents need to be reported to supervisors, even though some accidents may not seem important at the time. Supervisors need to know how and when accidents happen so that parents can be informed.
- **Behavior changes** - Both positive and negative behavior changes are reported.
- **Parent-home information** - A caregiver may be the only staff member who hears information or sees situations that should become part of the child's permanent record. Following are examples of parent-

home information that need to be reported to a supervisor:
  - bits of conversation that would indicate that the family needs help
  - information that plans are being changed for the child's transportation from the center
  - clothing that is too small, not suitable for the weather, in need of repair, or not available
  - evidence of child abuse or neglect; details on recognizing signs of abuse are found later in this chapter
- **Staff happenings** - Report positive observations to a supervisor. Also report procedures (or lack of procedures for certain tasks) that are hard to follow or that cause an unneeded bother for staff members. Report complaints about other staff members only if the well-being of a child or the reputation of the center is involved. Before deciding to report a complaint about someone, be sure that the event actually happened and is not based on gossip. Discuss the event only with supervisors or the center director.
- **Equipment and supply needs** - Report dangerous situations as soon as they are noticed (ice on the front step, playground gate latch coming loose, equipment on the playground, etc.). Request supplies in the way that is routine for the center, but make requests in time for the center to provide new supplies before the old ones are used up.

◆ *Essential Questions:* ◆
Reporting and Record Keeping

1. What is the difference between reporting and record keeping?
2. How does a teacher/caregiver know what type of information to report and record?
3. Why are reporting and record keeping important tasks of teachers/caregivers?

LIABILITY CONCERNS IN CHILD CARE

Liability concerns in child care have increased. ***Liability*** means being responsible financially or legally for injury to a person. The injury can be either physical or emotional. Child care centers or individual caregivers can be held legally responsible for injuries that occur at a child care center.

Child care centers are less likely to be held liable for injuries if they have written safety, emergency, and staff conduct policies and procedures. To be effective, these policies and procedures must be shared with all workers the first day on the job and reviewed often. Each employee should be given a written copy of these policies and procedures. The policies and procedures need to be enforced the same way with all workers.

Caregivers, as individuals, are less likely to be held liable for injuries that occur to children in their care if it can be proven that licensing standards and center policies were followed. When good communication is absent between workers and the director, a center and involved caregivers may be held liable for accidents which happen. Usually, licensing agencies require certain safety, emergency, and staff conduct policies in order for a center to be licensed. These policies exist to improve the reputation of the child care industry and help to control the cost of liability insurance.

◆ *Essential Questions:* ◆
Liability Concerns in Child Care

1. Why should liability be considered in child care?
2. How can child care centers help their staff follow licensing standards and center policies?

BEST COPY AVAILABLE

CHILD ABUSE AND NEGLECT

Child abuse is non-accidental physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18. The meaning of neglect is part of the definition of child abuse. ***Neglect*** includes withholding food, clothing, shelter, education, or other forms of care and supervision, which are necessary to the child's well-being. Neglect also means withholding love, socialization, and proper stimulation.

Child abuse and neglect have become more common in the United States. Many children have been placed in child care programs to free them from abuse or neglect at home. Some cases of child abuse have even happened in child care programs, although only a small number of child care centers have been involved.

As a result of reported instances of abuse, parents and professional child caregivers should be more alert to signs and symptoms of child abuse and neglect. Children should be taught about "personal safety" and that it is okay to report if someone is abusing them, even if that person made them promise not to tell. Employees in child care programs are being more carefully supervised.

Signs of Child Abuse

A child caregiver should be aware of signs indicating that a child may have been abused by someone. There are many forms of abuse. Unusual cuts, bruises, burns, or other marks on a child's body might be signs of physical abuse. Signs of injury to the face or head should be carefully observed because injuries to this area can be permanently damaging to a child. If a child has a natural tendency to duck for protection when another person reaches toward him or her, he or she may be unconsciously defending himself or herself as a result of being physically abused.

Children who have been mentally or emotionally abused and neglected may react in different ways. Some abused children show a very negative self-image while some display negative behavior in order to get attention. Other children may have a hard time with schoolwork and find that they cannot concentrate well. Sometimes, overly aggressive, "bully" type behavior may be a sign of an emotionally abused child.

Children who have been socially abused or neglected may have different types of problems. If a child's hygiene (cleanliness) is so neglected that he or she smells or is teased badly by other children, social neglect may be the problem.

A very underweight child who reports that no breakfast is eaten at home, who brings little lunch to the center, or who may eat very large amounts of the lunch served at the center could be undernourished (underfed).

Children who are victims of sexual abuse may react in different ways. Some children regress to earlier types of behavior, such as thumb sucking or bed wetting. They might become afraid of the dark or certain locations which they associate with frightening experiences. Some children develop problems such as sleepwalking or difficulty in eating. Guilt, depression, or confusion may be emotional responses of child abuse victims.

Child Abuse Reporting Laws

As with abuse laws, child abuse reporting laws vary from state to state. However, state laws are similar enough to discuss general information. Each child care employee should learn about the law in the state where he or she works.

It is against the law in every state to abuse a child. Anyone who knows of a possible case of abuse should report it to the appropriate person(s). A person working at a child care center should report such a concern to her or his supervisor in a private setting. The supervisor should, in turn, check out the concern and report any serious suspicion to the closest social service or child protective service agency. According to the Texas Family Code 261.101, the law clearly states that the person suspecting child abuse must report it to the appropriate agency before the 48th hour from the time the abuse was first suspected. Once a report of child abuse is received, an investigation begins in order to protect the child.

◆ Essential Questions: ◆
Child Abuse and Neglect

1. What signs might indicate that a child has been physically abused?

2. What are two examples of physical abuse? social neglect? emotional neglect?

3. To whom should a teacher report a suspected case of child abuse?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ A chain of command is an assignment of jobs and authority levels. In a child care center, the authority chain in descending order would be the board of directors or the owner, the director, age-level coordinators or lead teachers, teachers or associate teachers, and teacher assistants (child care aides).
- ☆ General emergency procedures should be set by the center director and shared with each employee during new staff orientation. Whatever the emergency, the safety and well-being of each child is the most important concern.
- ☆ Children enrolled in a child care center are usually grouped by age or development level. Typical age groupings are infants, toddlers, preschoolers, kindergarten-age children, and school-age children.
- ☆ Good communication between parents and caregivers is important for the well-being of the children and the center. Caregivers should speak with parents in a pleasant and friendly way.
- ☆ As a child caregiver, the most interesting and rewarding interactions are with the children. Caregivers should work with children in ways that will promote the goals and rules of the center.
- ☆ Child care facilities should have a plan to assist both children and parents in the transition into child care. A gradual, low stress procedure promotes a secure and pleasant introduction to group care.
- ☆ Reporting and record keeping are important jobs of child care workers. Reporting means telling appropriate staff members accurate information at the proper times. Record keeping means that information is written down.
- ☆ Liability concerns in child care have increased. Child caregivers are less likely to be held liable if they follow center policies and communicate well with other staff members.
- ☆ Parents and child caregivers should be alert to signs and symptoms of abuse and neglect. Child care workers should be informed about abuse laws and reporting laws and how these laws affect centers and caregivers who work there.

Chapter 5

Influences on the Development of Children

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 4E Identify the effects of child abuse on the growth and development of young children.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.
- 8B Explain how diversity of family units and roles may be reflected in a child's behavior.
- 8C Describe the impact of family crises on children and family.
- 8D Identify roles of supporting family members during crises.
- 8E Analyze the effect of family stability on children's behavior.
- 9A Identify needs and opportunities for parental involvement in the child care setting.
- 9B Practice effective communication techniques that promote parental involvement.
- 9C Implement strategies that enhance cooperation among the center, teacher, community, and family.

Chapter Vocabulary

blended family
conscience
culture
custody
developmental regressions
ethnic group
extended families
family violence
generation gap
grandparent-grandchildren families
mobility
moral development
nuclear families
peer pressure
self-concept
self-image
siblings
single-parent families

Chapter Vocabulary, Cont'd

social development
social institutions
socialization
society

A variety of influences affect how children develop. The family, television, sex of a child, playmates, conscience, moral development, culture, and social institutions all affect a child. Such influences are considered important, and a basic knowledge of them helps teachers and caregivers improve their understanding of children.

FAMILY INFLUENCES ON CHILD DEVELOPMENT

The family is the first and most important part of a child's life. A family's view of education, religious beliefs, political beliefs, ways of dealing with stress, and many other family qualities affect children. The family's level of income, place of residence, and size are also influences. These influences affect the physical, social, emotional, and cognitive development of children.

Physical Development

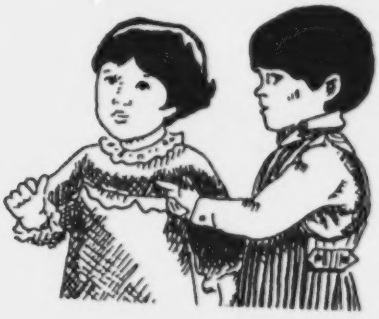
The physical growth and development of children depends on heredity and the environment. Parents and others provide food, clothing, shelter, love, and affection for children. When families cannot or do not care for their children properly, growth and development may be delayed. Unwillingness to provide for children results in neglect. Neglect of basic needs may cause physical, emotional, and social harm; mental retardation; or even death.

Social Development

From the day of birth, children are placed in a social setting. ***Social development*** means learning to adjust to surroundings. Families (and others) teach children how to relate to people. Observed behavior serves as an example for children to follow. By using approval or disapproval and reward or punishment, children can be taught to behave in a socially acceptable (correct) way. Family members and others can teach children that wrong behavior can harm others and lead to future problems.

In families, children learn to respect or disrespect authority and diversity. Families teach children to believe in certain religious practices and to follow certain political ideas. Children also gain attitudes about work and money and the value of education.

Attitudes and feelings about sex roles are learned mainly in the family. The sex of a child influences the child's development. It is common for young girls and boys to be treated differently. Young boys may be encouraged to be rough and more physical, while young girls may be taught to play house with their dolls. When this happens, children tend to relate differently to jobs, roles, and behaviors considered "normal" for their sexes. It is important for children of both sexes to have equal opportunities and experiences. This promotes development to their greatest potential.



Other children in the family are called ***siblings***. Siblings affect a child's social development. A brother or sister is often a child's primary friend and playmate.

Sometimes older siblings protect younger children and make them feel secure. Even normal conflicts among brothers and sisters are important learning experiences for children.

Emotional Development

Young children need affection and attention. The family and other people can help meet these needs. The family can also offer children a sense of belonging, which is important for emotional development.

Self-image, or ***self-concept***, is the way a person feels about him or herself. The child's self-image comes mainly from the family. Self-image develops through childhood and is molded by experiences with family and others. When children feel that they are worthwhile and important people, they have a positive (good) self-image. When children feel that they are not important to anyone, they have a negative (bad) self-image.

A family's income may affect the self-images of children. Children whose families have little money may feel that they are not very important. It is important to help children understand that self-worth does not depend on the amount of money their families have or the goods they can buy.

Cognitive Development

Children are born with mental ability. Family members influence how a child's brain develops through what they teach the child and how they support the child's development. The family environment should provide opportunities for children to exercise thinking skills. For example, the support parents give their child regarding study habits at home affects the child's success at school. A child who uses books and does other learning activities at a young age may find it easy to learn in school. Too much pressure from parents and others to do well can frustrate children and make them give up on learning.

As a child becomes more cognitively mature, he or she develops a conscience. ***Conscience*** is a feeling for what is right and wrong. It is very important for adults to guide a child's development of conscience during the preschool years. ***Moral development*** involves learning to follow rules and make good value decisions about what is right and wrong. Moral development is controlled mainly by children's parents. The development of morals and a conscience relates closely to social and emotional development, as well as cognitive development.

To help children develop a conscience and good morals, use discipline methods that are fair and show children that they are loved.

Teach children how their behavior affects other people and why it is important to change inappropriate behavior. Praise children when they show self-control and good judgement. Show them that you recognize their progress. It is most important to set a good example for children. Learn to feel comfortable about admitting when you are wrong. This shows children that everyone makes mistakes.

◆ ***Essential Questions:*** ◆
Family Influences on Child Development

1. How do physical, emotional, social, and cognitive development differ?
2. How does the sex of a child influence his or her development?
3. How can siblings in a family influence a child?

FAMILY DIFFERENCES AND CHILD DEVELOPMENT

Children in child care come from many different types of families. A family is a unit of designated persons sharing a residence and household who are related by biological ties, marriage, social custom, or adoption. ***Nuclear families*** are made up of one or both parents and their children. ***Extended families*** are made up of nuclear families plus other relatives, such as grandparents, aunts, uncles, and cousins. A growing number of nuclear families in our country are ***single-parent families***. This means that only one parent, the mother or father, lives with the children. Most single-parent families are headed by the female. Today ***grandparent-grandchildren families*** are increasing. In these families the grandparents have taken responsibility for the children for any number of reasons. Sometimes a parent is present, but most frequently the parent is absent and has little involvement with the child.

Any family change requires adjustments by parents and children. Some children handle these changes better than others. For example, when a child's parents divorce, the child may behave differently because of confusion in and disruption of the family unit to which the child has been accustomed. To better understand children, be aware of problems and changes which happen in families. Consider differences in the children's families and any adjustments that children may be experiencing.

Single-Parent Families

Single parents may be divorced, widowed, unwed, or abandoned. In some families, one parent will be permanently gone from the family. In other families, both parents may still be an active part of the child's life.

427 BEST COPY AVAILABLE

A parent who is rearing children alone may have special problems. If single parents do not have others to help them, they may have trouble coping with family stress. For example, the single parent with no help has to manage everyone's schedule and see that children are where they are supposed to be at all times. Transporting children while holding a full-time job can be a real challenge. If a child is sick and the single parent cannot stay home from work, extra stress is placed on the family.

Single-parent families may have a low income. A single parent who does not have enough money on which to live may not be able to afford good care for a child. Because of the need for money, greater stress is placed on the parent and children.

Not all children from single-parent families have special problems. However, some issues may develop due to needs of other family members. For example, the parent may depend on a young child for emotional support and place great stress on the child. A child may begin to feel responsible for the happiness of his or her parent.

Blended Families

When a single parent marries, bringing new members into the family, a ***blended family*** is formed. The new family includes the two people who married and their children from other marriages. When two separate families move into the same house, problems may result. Special care can help lessen these problems. Different ways of doing household tasks and different values and attitudes of the two families may cause conflicts. Such a family situation requires love, patience, and understanding.

Small children may have problems adjusting to such a change. Help children to sort out their feelings and suggest ways to help them cope with the changes.

Grandparent-Grandchildren Families

Grandparent-grandchildren families develop when parents cannot or will not take care of their children. The number one contributing factor is drug and alcohol abuse. Grandparents may have legal custody of the children, or there may be an informal arrangement where the grandparents have no legal authority in regard to the child. In any case, these children may have physical, social, and emotional problems. The children must adjust to family change in much the same way as children from single-parent families and blended families. One major challenge for these families is the "***generation gap***." The generation gap involves changes in social values, behavioral attitudes, and personal aspirations between one generation and that of the next. Examples include music, movies, television, behavior towards authority, clothing styles, and many more.

Ethnic Background

People in our society come from many ethnic groups. An ***ethnic group*** is a group of people from the same country or place who share a common and special culture. Each

ethnic group we have in the country adds different customs to our society. Groups, such as Chinese-Americans, German-Americans, Mexican-Americans, and English-Americans, make our society more interesting and help us to learn more about the world. Learning the customs of different ethnic groups helps children learn to accept and like children from ethnic groups which are different from their own. It is important to help children appreciate and understand their own cultural heritage and the cultures of other people.

Religion

Families have different religious beliefs. These beliefs affect values and behaviors that children learn from their parents. The parents' right to pass their religious beliefs on to their children should be respected, even when an individual may not agree with these beliefs. It is important to be sensitive to the customs and beliefs of the children in the classroom. Seeing differences in children will help the caregiver be more sensitive in regard to beliefs of their families.

Income Level

The amount of money a family has affects the development of their children in several ways. If a family has a more-than-adequate income, they are more likely to be able to provide different opportunities for their children. A child who has a chance to go places, see things, and play with different toys and books may develop better socially and cognitively than a child whose family cannot afford such things. Some families cannot even afford to buy the right foods for their children. In this case, the physical development of a child may be harmed because of a lack of nutritious foods in the diet.

Mobility

Mobility refers to the movement of people from place to place and job to job. In our country, many families are mobile because the need for a job requires them to

move. Children who move to a new place may have special problems adjusting. Meeting new friends and being in a strange place can be difficult. Help new children feel comfortable by showing them special attention and involving them in fun activities with other children. A move can be a positive learning experience for children.

Divorce

Separation and divorce have a big impact on the whole family. Children sometimes have a fear of being left by their parents. Divorce can add to this fear. Children need to be reminded that the move of one parent does not mean the other parent might suddenly leave them.

Children frequently feel responsible for their parents' divorce. When children hear their parents fighting, they may have a strong feeling that they caused the divorce. If parents become hostile to each other during a divorce, children feel that they must choose "sides." This feeling may cause increased difficulty in adjusting to a divorce, since children love both of their parents.

Divorce often follows months or years of parents' disagreeing and arguing. The effects of constant fighting may be worse than the effects of a divorce.

When a couple divorces, one parent may be given custody of the children or the parents may be awarded joint custody. ***Custody*** mainly means who the children will live with after the divorce. The non-custodial parent is

usually given visiting rights and can see the children at specified times.

Be aware of legal terms of a divorce that impact child custody. Find out who is to pick a child up from the child care center. Do not hand children over to a person not authorized to take them.

During very difficult family changes, such as divorce, children may have ***developmental regressions***. These are periods where children seem to lose progress on development already made. For example, children who are toilet trained may begin to wet their pants during a stressful family situation. Such behavior is not a selfish way to get attention. It may be a sign that the child is under great stress and needs help from caregivers in order to cope with the stress.

Family Violence

Family violence is abuse of power within relationships of family, trust, or dependency. It can include many forms of abusive behavior: emotional abuse, psychological abuse, neglect, financial exploitation, destruction of property, injury to pets, physical assault, sexual assault, and homicide.

Family violence occurs for many reasons. Consumption of alcohol and extreme stress often contribute to family violence. In a national survey of more than 2,000 American families, approximately 50 percent of the men who frequently assaulted their wives also frequently abused their children. Furthermore, slightly more than half of female victims of intimate violence live in a household with children under age twelve. Many children from violent homes are helped by having one secure, safe, and predictable adult in their lives. This adult may be a relative, teacher, or another caregiver. It is important to report any suspected case of abuse to a supervisor at the child care center. Try to help the child feel wanted and worthwhile.

Illness or Death in the Family

Young children do not have a clear understanding of illness or death. Talk honestly when children need help understanding such situations. When a family member is ill, sometimes only a little preparation is needed. Show the child pictures of what a hospital is like. Read one of the many children's books about a stay in the hospital or simply describe it to help the child better understand what to expect.

When talking about death to children, be clear and honest. Telling children that a dead family member is "asleep" is a mistake. As a result, children might develop a fear of going to sleep or worry about the family member waking up. Children should be allowed to experience grief for as long as they feel it. Be patient when dealing with a child who has experienced death in the family.

It is always important to talk with parents or guardians to find out what has been told to the child. If a parent does not want you to talk about impending death with the child, answer the child's questions as simply as possible. Caregivers might provide information to the parent about ways to talk with children about illness and death.

◆ Essential Questions: ◆
Family Differences and Child Development

1. How would you define each of the following: nuclear family, blended family, single-parent family, and grandparent-grand-children family?
2. How may family changes and problems affect children?
3. What can the teacher/caregiver do to minimize the negative effects on children when changes in the family are occurring?

430 BEST COPY AVAILABLE

OTHER INFLUENCES ON DEVELOPMENT

Many other things affect the development of children. These factors should be seen by families and child caregivers as being very important to the lives of children. Many children spend a large part of their time in group child care settings. Child care can have an important influence on the development of children.

Playmates

When children develop a "group feeling," they are becoming independent of adult rules. Even among preschool children, playmates' influences can be powerful enough for children to support or go against their parents' attitudes.

Group influence is often called ***peer pressure***. Peer pressure may be good, resulting in positive behavior, or bad, resulting in negative behavior. Peer pressure is more powerful if the group is small and close. It is also greater when the group is together. The group relationship with other children is important for preschool children because they learn to get along with other people. It helps them learn how to be members of a group and how to cooperate.

Television, Video Games, and Media

Television, video games, computers, and other media, have similar influences on children. Today the influence on children is greater than at any other time in history because of the availability and number of hours spent in media activity. The media can be positively or negatively educational. Programming for positive behavior should be encouraged. Television, video games, and computer games which show aggression, shootings, fighting, and other violence may teach children that these kinds of actions are acceptable. These programs should NOT be viewed by children. Children often repeat the

actions seen on television and media games in their play. Children frequently view the characters as models or heroes and pick up their habits. Furthermore, young children have difficulty telling the difference between fantasy and reality and may get themselves into dangerous situations as a result. For example a character is shot in a gun battle on television and in the next show, maybe only 30 minutes later, the same character is active again. The child may then think "guns don't hurt or kill" because of what they viewed, so the child might see a gun, pick it up, and shoot someone.

Television commercials can teach children about different products and places. These commercials make children want things they would not have wanted before. Such attitudes affect the family and may actually become a part of the child's value system. The influence of television can be balanced with other activities. Games and learning activities can be used to teach children while they also have fun.

Culture and Social Institutions

People live in societies and share cultures. A ***society*** is a group of people who live in a certain place or general area and share a common heritage. This heritage, or ***culture***, is a way of life that is shared with other members of the society. Culture includes ways of behaving, thinking, and feeling. Clothes which are worn, holidays observed, music enjoyed, food eaten, behaviors expected, and values held are all affected by culture.

Social institutions in a society include schools, neighborhoods, religious organizations, friends, communities, the government, and other groups. These groups or systems affect the beliefs, attitudes, customs, and behavior of children. The process that allows children to learn about their culture and be members of society is called ***socialization***. Again, the family is the main social institution for children.

◆ Essential Questions: ◆
Other Influences on Development

1. What role does peer pressure play in the development of a child's attitudes and values?
2. How do television and other media influence the development of young children?
3. What are some positive influences of television, video games, and media on young children?

COMMUNICATION WITH FAMILIES

Knowing how families affect children's values and behaviors will help child caregivers work well with children. Remember that parents are the primary caregivers for their children. Parents try to influence their children's behavior and values as they see best. Listen to parents and observe how they relate to the child. This will be helpful in better understanding the child's behavior or special problems. Answer a parent's questions honestly and politely. However, if parents ask for information that you are not qualified to give, refer them to the supervisor, director, or other appropriate person.

◆ Essential Questions: ◆
Communication With Families

1. What is the role of the teacher/child care practitioner in communicating with the parent(s)?
2. Who should handle a situation when the child caregiver does not feel qualified to give information?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ A variety of influences affect how children develop. The family is the first and most important part of a child's life. Families influence the physical, social, emotional, and cognitive development of children.
- ☆ Children in child care come from many different types of families. Examples include nuclear families, extended families, single-parent families, and grandparent-grandchildren families.
- ☆ Learning about differences in families helps caregivers better understand children's behavior. Since parents are the primary caregivers for their children, child caregivers relate better to children when they learn to communicate with parents.
- ☆ Other influences on development of children include ethnic background, religion, income level, and mobility.
- ☆ Special problems, such as divorce, family violence, or illness or death in the family, can strongly impact children; during very difficult family changes, children may have developmental regressions. Understanding how various factors may influence children helps the caregiver know how best to relate to them.
- ☆ The group relationship with other children is important for preschool children because they learn how to get along and cooperate with other people.
- ☆ Television, video games, computers, and other media can greatly impact children. This impact can be positively or negatively educational for children.
- ☆ Socialization is the process that allows children to learn about their culture and be members of society. Social institutions in a society include schools, neighborhoods, religious organizations, friends, communities, the government, and other groups. The family is the main social institution for children.
- ☆ Knowing how families affect children's values and behaviors will help child caregivers work well with children.

Chapter 6

The Child Care Environment

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3E Practice techniques that promote good health and safety in young children.

7B Practice effective communication skills.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

consumable equipment
equipment
furnishings
large motor skills
learning centers
sanitized
stimulating environment
supplies
tactile
wholesome

Child caregivers are responsible for providing a ***wholesome*** child care environment. This means that a child care center should be arranged so that children remain healthy and benefit from the surroundings. The child care environment includes both human and material elements. The actions and interactions of people, arrangement and use of time and space, and materials available are all parts of this environment. A wholesome child care environment is safe, healthy and comfortable. The environment supports children's needs and promotes their interest in learning. The focus of a wholesome environment is the whole child - physical, emotional, social, and cognitive (intellectual).

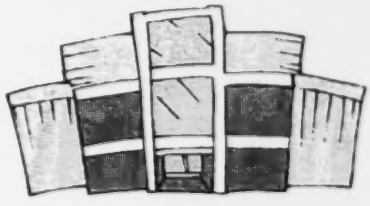
PHYSICAL ENVIRONMENT

The physical environment includes indoor and outdoor learning space, furnishings, equipment, and supplies. The physical environment is where the physical, emotional, social, and cognitive development of children takes place while children are in child care. The choice, arrangement, and use of the physical environment can help or harm development. Minimum standards for child care physical environments are set and enforced by licensing agencies or other state and local governments.

Child care centers include both indoor and outdoor space. Outdoor learning space is fenced or otherwise enclosed for the children's safety. There is a minimum amount of space required for each child by the state's licensing standards.

The Building

Child care programs are found in all types of buildings. A modern, attractive building designed for a child care center is the ideal situation. However, such a building does not make quality child care. Good child care services are found in schools, homes, storefronts, churches, businesses, and even warehouses that are arranged to be wholesome environments.



Licensing standards usually require that child care programs are placed on the first floor of a building. This rule exists so that children can be evacuated easily in case of fire or other emergencies. The first floor allows young children, children with physical disabilities, parents, and caregivers to use the center. It also makes it easy to get to the outdoor learning area. In large buildings with other activities besides child care, the rooms used for child care should be together and as near an entrance as possible.

The indoor space should have good heating, cooling, and ventilation and should not be noisy. It is important to keep the temperature in a child care facility as comfortable and constant as possible in order to keep children healthy and to help them concentrate on important activities. Large windows let in light and allow the children to look outside. Good lighting inside the building is important because it provides a cheerful atmosphere and allows children and adults to see well.

The building should be selected and the space used according to the goals of the child care program it will house. If the program is for infant and toddler care, smaller rooms which keep the group size small may be needed. If the program is for older children, larger rooms may be required. Each grouping of children should have a separate "classroom."

Indoor Space

Indoor learning space allows for arrival and departure, emergency aid, learning activities, toileting and personal care, food preparation and service, and sleeping. The use of this indoor space and other areas should support the goals of the child care program. For example, one of the goals of most child care programs is to develop children's ability to help themselves. The indoor environment should be planned so children can be as independent as possible, practicing self-help skills, such as hanging up coats, getting out and putting up play materials, going to the toilet, washing hands, and eating with as little assistance as possible.

Arrival and Departure Area. It is best if the entrance to the building has a covered

area for families to arrive and leave. A one-way driveway separate from the street is ideal. This arrangement allows children and parents to get in and out of cars or buses safely, away from street traffic. The covered entrance eliminates the need for umbrellas or special clothing on rainy days. More staff members are needed when these "ideal" conditions are not possible.

If possible, the inside of the building should have a large entrance hall or area where parents can leave and pick up their children, as well as visit with teachers. A place should be provided for children to hang their coats and store their personal belongings near the entrance. Parents are encouraged to go inside the building to deliver children. An assigned caregiver should welcome and receive children each day. At the end of the day, an assigned caregiver should release children only to the parent or other authorized person.

Emergency Area. A child care center should have an area for use when a child is sick or injured. This area should be separate from classrooms and have a bed or cot with emergency supplies available. Often an office or storeroom serves as the emergency room.

Activity Areas. Each group of children should have a "classroom" or activity area. These are often called classrooms to prevent confusion. These areas may be used for different groups of children. Through different individual and group activities, children learn about their world.

Successful child caregivers know how to organize and use space and equipment to provide the best possible learning environment for children. The amount and shape of classroom space varies from center to center. The use of space available affects the physical, emotional, social, and cognitive environments. For example, a long narrow room where sounds bounce off of the walls may cause children and caregivers to be irritable. They may have to raise the volume of their voices

to be heard. With everyone talking loudly, the setting becomes stressful, affecting the emotional and social environments. The cognitive environment is also affected when children cannot hear the teacher or the children around them. They may be distracted and unable to concentrate.

To avoid such problems, a long narrow room might be furnished with carpeting and other materials that absorb sounds, including portable room dividers. Good management of space provides:

- areas for large groups, small groups, and individual activities
- opportunity to rearrange the space
- traffic flow that does not disrupt work areas
- storage for equipment, materials, and supplies
- work areas for preparation of materials
- storage for children's personal items
- a display area for children's projects
- easy access to toilet areas
- easy access to the outdoor activity area

Areas or zones within the classroom may have different names. They may be called interest areas, play areas, ***learning centers***, or activity centers. In this book, they are called learning centers. The types of learning centers planned will depend on the goals of the program, as well as the ages and developmental levels of the children using them. The following learning centers may be included:

- reading, library, and listening
- block and large toy
- dramatic play
- writing center

- art
- manipulatives (table activities)
- music
- science
- math
- carpentry
- large muscle activities
- sand and water

Creepers and crawlers need a carpeted floor on which to explore their world. Toddlers need floor space where they can walk easily. Carpet chosen for toddler rooms should be flat and firm. Children of all ages, including infants, need a colorful and stimulating environment. A ***stimulating environment*** is one that gives children many chances to use the five senses: sight, sound, touch, taste, and smell.

Toileting Areas. The state licensing agency and some area health departments have certain rules regarding bathroom areas in child care centers. Ideally, each classroom has a bathroom with child-sized fixtures for the age group using them. In less than ideal situations, sturdy step stools will allow children to use standard toilets and sinks by themselves.

Bathroom doors should *not* have locks within children's reach. Children need privacy in the use of the bathroom, if they desire it. The caregivers need to be available in case children need help while in the bathroom.

Food Preparation and Serving Areas. Meals or snacks are served to children in almost all child care programs. The areas used for serving and preparing food should meet the highest safety, health, and nutritional standards. State and local guidelines are used as minimum standards. Tables and chairs should be sized to fit children.

Food service should be arranged so the children can do as much as possible for themselves. How food is served will depend on program goals, space available, equipment, number of workers, and levels of development of the children.

Sleeping Areas. Sleeping arrangements must be made for young children enrolled in an all-day program or an afternoon program. A mat or cot should be provided and labeled for each child. For health and cleanliness, each child should have his or her own mat or cot. The labels on the mats or cots should be easy for children to recognize. Mats or cots should be stored in the same place each day so that children can easily remove them and return them to the storage area. Mats for use on the floor should be color-coded or marked, so that children can recognize the bottoms from the tops. To keep children clean and healthy, the bottom of the mats should always be placed on the floor and mats or cots should be sanitized after each use. Walking space for safety and supervision should be left between cots. Sleeping areas should be kept as quiet as possible and should have enough lighting for supervision.

Sleeping arrangements must be made for very young children no matter what time of day they are in child care. Very young children need cribs or baby beds with side bars to keep them from falling out. Licensing standards may include a maximum amount of time that young children can be kept in their cribs while they are awake. Rocking chairs and a diapering area are usually included in the sleeping area for very young children. Licensing standards may require close access to a lavatory.

Outdoor Space

Outdoor learning space is just as important as indoor learning space. The outdoor learning space is often called the playground or the playground area. The same guidelines used for organizing and managing indoor space apply to the use of outdoor space.

The outdoor learning space should be enclosed with a fence to safely keep children inside the space. A fence should be high enough that children cannot climb over it, but free from sharp and pointed edges that could harm them if they try climbing. It is best if the fence is mesh, so children can see the outside world.

The outdoor space should have two unlocked exits so children can be taken out quickly in case of emergency. One exit can usually be the exit to the indoor learning space. The other exit should be some distance from the building itself. Gates should be latched but not locked, so they can be opened quickly by caregivers. The gate latches should be high enough to be out of the reach of children.

A bathroom should be near the outdoor area, if possible. Ideally, this bathroom would be located near the building entrance that leads to the playground.

A gate to the outdoor area is also convenient if planned as a second arrival and departure area for children. In the warmer climates of the United States, the outdoors is a good place for play during arrival and departure times. Most children like being outdoors and enjoy beginning and ending the day there. However, it is very important that children be supervised carefully by caregivers when they are outdoors. Children must be received and picked up inside the gate with parent and caregiver present.

The outdoor learning space should provide fresh air, sunlight, shade, and different natural settings for children's enjoyment and development. Both quiet, secluded spaces and large, open spaces should be provided.

A variety of surfaces will provide texture and ***tactile*** (touch) experiences. The majority of the surfaces should be soft, such as natural grass, artificial grass, sand, and soil. Hard surfaces, such as asphalt or cement, are needed for some activities.

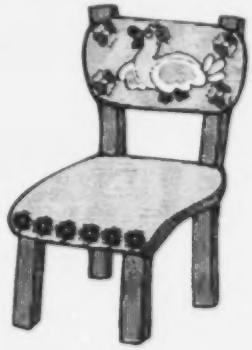
Places are needed for digging, climbing, rolling, running, sliding, water play, and wheeled toys. Less active experiences, such as painting, dramatic play, finger painting, and story time, can also be provided outdoors.

Furnishings

The ideal child care "classroom" looks quite different from the typical elementary school classroom. The furnishings are small to fit the children. Some child care activities take place at tables, but many activities take place on the floor. Younger children in child care rarely do things as a single large group. They are more likely to work and play alone or in small groups in different learning centers. Child care activities planned for individual children tend to be more informal and more action-oriented than activities in elementary schools. It is likely that more learning materials will be in view in the child care classroom.

Actually, it is hard to classify "furnishings" and "equipment" in child care settings. For the purpose of this book, ***furnishings*** are the more "permanent" indoor objects, such as tables and chairs, storage units, cribs for infants and toddlers, and carpeting for the floor. Furnishings include items that the children would not normally get out and put up each day. These items are usually major expenses when the child care center is started or built. In general, child care furnishings should be easy to move, easy to clean, child-sized, and usable for different purposes.

Tables and Chairs. Tables come in various sizes and shapes. They should be selected for the sizes of the children and the type of program. Rectangular tables seating one child at each end and three or four along each side are best for general purposes. Round tables require more space. Tables should be sturdy and have smooth tops which are not harmed by moisture. Tables with adjustable legs to accommodate both toddlers and older children are a good choice.



Chairs should be sturdy and designed so they do not turn over easily. They should have smooth surfaces and edges. Chairs should be free of areas that might pinch children. They may be wooden or plastic. Well-constructed plastic chairs are good choices because they are washable, lightweight, and stackable. One chair should be available for every child old enough to use a chair. Chairs should be sized so that when children are seated, their feet rest flat on the floor.

Tables and chairs are needed for meals and snacks as well as for some learning activities. In most child care facilities, the same tables and chairs are used for both. In some cases, children are fed by groups in shifts according to age, with younger children being fed first.

Storage Units. Some indoor storage space may be built into the wall. Portable bookcases and shelving allow for flexibility and can be used as dividers for learning center areas, as well as storage. Storage units should be sturdy and low to the floor, encouraging independence of the children and allowing the child care practitioner to view the entire room at all times. Shelving and cubbyholes are best for storage of toys and supplies. This type of organization allows children to learn skills, such as putting things where they belong, classifying, organizing, and caring for belongings. If a toy box must be used, the lid should be removed to prevent injuries to children.

Each child should have his or her own hook for clothing and a shelf, bin, or cubbyhole for storing personal items. The unit should provide space at the bottom for a child to put boots or other items. Artwork to take home or items to be shared with friends can be stored at the top.

Teachers should have indoor storage space for cleanup and maintenance equipment, personal belongings, supplies, and equipment not in use by the children. These items should be stored on high shelves, in closed cabinets out of the reach of children, or in closets or cabinets that can be locked for safety.

Outdoor storage space is needed for wheeled toys and other equipment used outdoors. The shed should have large sliding doors that are easy to open and close so that children can remove or replace equipment themselves. Symbols or pictures on the walls of the shed or markings on the floor will help children remember where to store each item.

Infants' areas have special storage needs. Among these are storage space for diapers and refrigerated storage for bottles and food.

Cribs. Cribs are necessary furnishings for child care programs with infants and young toddlers. Cribs should meet high standards of safety. If the crib is painted, the paint must be lead free. Large cribs are needed for toddlers and older infants. Smaller cribs, which take up less space, are suitable for smaller infants. Crib mattresses should be firm and have a washable surface that has not been torn. Crib sheets should fit the mattress well. They should be removed and washed at least at the end of every day or before a different child is placed in the crib.

Other Furnishings. Other furnishings may include rocking chairs (for caregivers to rock infants and young children), carpeting for the floor, and other items, such as furniture for the reception area. Rocking chairs should be sturdy, quiet, and comfortable. Since many indoor child care activities take place on the floor, carpeting is useful in some activity areas. Non-carpeted areas are needed for art, water play, and eating areas.

Equipment and Supplies

Equipment includes items that can be used repeatedly. Wooden puzzles, wooden blocks, plastic manipulatives, and wheel toys are examples of equipment. ***Consumable equipment*** includes equipment that is usable for a short period of time. Examples include books read by the children, cardboard puzzles and blocks, board games, and items with many pieces. ***Supplies*** (sometimes called "materials") are items that will eventually be used up. Examples include paper, crayons, paint, play dough, glue, and markers.

Choosing equipment and supplies is the task of the early childhood practitioner/teacher and director. Equipment and supplies are readily available through educational supply companies, toy and department stores, and specialty stores. It is not difficult to find the right equipment and supplies. However, it may be hard to choose wisely from the large number of items available. Appropriate equipment and supplies should be chosen to meet the needs of the age group or developmental level of the children using the classroom. Infants and toddlers have special needs and are usually considered separately from the needs of older children.

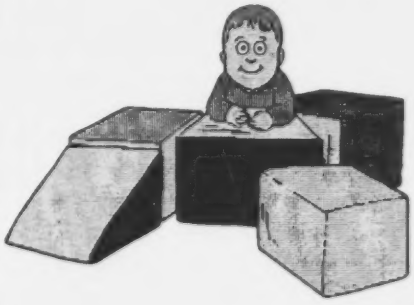
Equipment and Supplies for Infants. Some learning materials (toys) may be attached to or suspended above an infant's crib. These toys serve the purpose of attracting and stimulating infants and strengthening eye muscles during the short periods of time infants may be left in their cribs while they are awake. Other toys may be provided near the diapering table. These toys may include musical toys and colorful mobiles. Even though toys are there, it is very important for the caregiver to talk to the infant during diapering.

When infants are held by caregivers or laying on the floor in the play area, a variety of learning materials should be used. The toys should be colorful and have different shapes and textures in order to stimulate learning. Some of the toys for nonmobile infants should respond to slight arm and leg movements. Other toys should be safe for the infant to hold and place in the mouth. Infants should have their own toys. Infants' toys should be ***sanitized*** (dipped in a bleach-water solution and allowed to air dry) frequently so

germs are not spread. For mobile infants, toys should be colorful and stimulating in order to attract attention. Toys should be placed so the mobile infant is challenged to move towards them without being frustrated by the distance. All toys should be safe, durable, and easy for the child to handle.

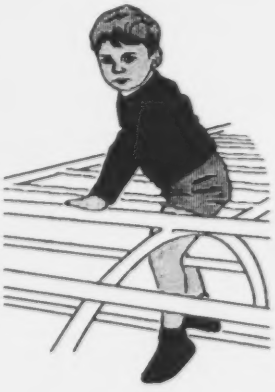
Equipment should be available for taking infants outdoors for limited periods of time when the weather allows it. This equipment includes carriages, strollers, wagons with side boards, infant seats, playpens, and large mats placed on the ground.

Equipment and Supplies for Toddlers. Indoor equipment for toddlers should be arranged so that equipment and supplies of the same type are grouped together. A home center encourages early dramatic play. A large motor area with push and pull toys and riding toys aids in muscle development. A construction area with unit blocks allows toddlers to build things and learn how objects relate to each other. Toddlers also need a library area where they can enjoy books and puppets. Toddlers need opportunities to make choices, however often become over stimulated when they have too many choices at once. Equipment and supplies need to be rotated or changed to maintain stimulation and a joy of learning. Toys not being used may be kept on open high shelves where toddlers can see them. Having to "ask" for the toys will help toddlers develop language skills.



A toddler outdoor playground should be provided. It should be located away from the activities of older children or used when older children are not there. It is safest when the toddler playground has equipment that fits the small size and ability of toddlers. It might include a sandbox, a small grass-covered hill, a cement track for "bikes," push/pull toys, and space for running and playing with balls. With help from caregivers, toddlers can handle a dome climber, an extra-wide slide, and a set of stairs.

Equipment and Supplies for Preschoolers. Indoor equipment and supplies for preschoolers are usually organized and stored in classroom learning centers. These items should be stored where they will be used and arranged so that children can get them out and put them up easily. For example, games and toys used at a table may be stored on shelves that children can reach easily when standing. Toys used on the floor might be stored on lower shelves. Painting and other similar activities should be done in an area close to a sink or lavatory. Likewise, equipment and supplies for these activities, including cleanup supplies, should be stored in the same area.



Available space and safety concerns will affect the choice of certain equipment. For example, swings, merry-go-rounds, and slides take up large amounts of space and have

contributed to many playground injuries. Constant supervision by caregivers is required when these pieces of equipment are used. They also have little value in helping children develop large motor skills and they do not encourage children to use their imaginations. ***Large motor skills*** use the large muscles of the back, legs, shoulders, and arms. Walking, running, and throwing balls are examples of large motor skills. Climbing equipment, tunnels, wheeled toys, and space for running, rolling, and tumbling encourage better physical development of children.

Because of the noise and amount of physical activity involved, large muscle toys should not be kept in the classroom. These activities are better suited for the outdoor learning area. However, a large room or lobby separate from the classroom might be used for large motor activities when children are unable to go outdoors. Balance beams, exercise mats, and climbers can be moved to this special room, as needed.

Equipment and Supplies for Food Service. Food service equipment and supplies which children can easily use by themselves should be chosen. All items used by children should be nonbreakable and easy for children to hold and use. For example, glasses should be short to help eliminate tips and spills. They should be small enough for children to grasp easily. Forks and spoons should also be sized for children. Small trays should be used when older preschoolers have to carry their food from a cafeteria line to a table. Chairs and tables should also be child sized. Appropriate food service equipment helps to make meal and snack time pleasant while encouraging the development of independence.

BEST COPY AVAILABLE

◆ *Essential Questions:* ◆
Physical Environment

1. What elements contribute to a positive physical child care environment? What areas are needed for the indoor learning space? What should an outdoor learning space provide?
2. What types of learning centers can be included in a child care program?
3. What items are needed in the physical environment to provide a wholesome learning experience for infants? For toddlers? For preschoolers?

EMOTIONAL ENVIRONMENT

As mentioned earlier, the physical environment contributes to the emotional, social, and cognitive environments of child care. The attitudes, skills, and relationships of caregivers are especially important to these environments.

The emotional environment of a child care center should help children to understand themselves and others. Children learn to express emotions and feelings in a positive way, to be independent, and to learn self-control when adults respond to their emotional needs appropriately.

The emotional "climate" of the child care setting is like the wind; it can be "felt" although it cannot be seen. A positive emotional climate radiates friendliness, concern, happiness, fun, love, security, respect, openness, and fairness. A negative emotional environment may radiate fear, anger, boredom, nervousness, hurriedness, impatience, and rudeness. Too much noise or stimulation activity may cause children to become too active. It is important for all caregivers to

create and keep a positive emotional environment in the child care center where they work.

A positive emotional environment aids the physical, emotional, social, and cognitive development of children. Some children come from negative emotional environments at home. They may see and hear parents fighting, be pressured by parents, be threatened by siblings, or be abused. Rather than adding to these negative influences, child care should be a place where all children feel safe and happy. A child care program should help children develop a positive self-image.

Symptoms of emotional stress in young children include extreme dependence on others, excessive crying, temper tantrums, aggression, thumb-sucking, toileting accidents, nervous habits, frustration, and withdrawal. The emotional climate of child care should reduce emotional stress.

◆ Essential Questions: ◆
Emotional Environment

1. What are some qualities of a positive emotional environment?
2. What are the symptoms of emotional stress in young children?
3. What qualities do caregivers need to provide a positive emotional environment?

SOCIAL ENVIRONMENT

Child care programs should offer positive social environments for children. When planning and evaluating a child care social environment, goals to consider include:

- learning to use private time alone
- developing independence
- developing a good self-image
- getting along with others
- learning to deal with problems
- contributing to the welfare of self and others
- understanding customs and cultures
- communicating thoughts or feelings

Very young children (infants and young toddlers) usually respond to only one person at a time. Very young children explore and play alone, even when they are in a group. The ability to "interact" with a group of children begins around age two and continues to develop as the child grows older. The social environment of a child care center should promote social development. Examples of how teachers can plan and use the child care environment to help children develop social skills are as follows:

- Plan learning materials that require more than one child to participate (e.g., fire hats and hoses, a rocking boat).
- Encourage dramatic play (especially for the shy child, provide items familiar to the child's home environment).
- Set up activities where two or more children can participate at the same time (e.g., place easels next to each other, put two chairs close together at the science table).
- Recognize and praise positive social interactions which fit children's levels of development.
- Suggest that one child ask another child to help in an activity.

Social development is affected by a child's self-image. Children who develop healthy self-concepts can relate better to other children and adults. They feel good about themselves and enjoy reaching out for new experiences. A negative self-image, especially when it stems

from a family situation, is very hard to change. Child care programs should provide many opportunities to develop a good self-image.

Group child care should provide time and space for each child to have some time alone during the day. The space may be a cozy corner with large pillows, a soft floor mat, big chairs, a card table covered with a sheet, a small couch, or a large cardboard carton (in which to hide). For time alone, the child should be able to select toys or other learning materials. Such activities help children develop independence and give them the feeling of having some control over their environment. Caregivers should watch for any children who withdraw from the group too much and show no interest in group interactions.

◆ Essential Questions: ◆
Social Environment

1. What goals should be considered when planning a child care social environment?
2. What are some examples of how a child care environment can be planned to promote social development?
3. How can social environments promote the development of positive self-concept?

COGNITIVE/INTELLECTUAL ENVIRONMENT

The cognitive/intellectual environment of a child care program is greatly affected by the quality of the physical, emotional, and social environments. A curious, enthusiastic caregiver provides a good example for children.

Children learn best in healthy physical, emotional, and social environments. For example, it is more difficult for children to explore and learn in a noisy, cluttered, unplanned setting than in a quieter, more organized environment. When children are worried about problems at home or constant disapproval of caregivers, they will find it harder to explore and learn than children who do not have those concerns. Children also learn best when they are in a social environment planned for their age and level of social development.

The child learns through the senses of sight, touch, taste, sound, and smell. Each child's gift of a natural curiosity to use the senses should be encouraged. Providing a variety of challenging and stimulating equipment, materials, supplies and activities will promote cognitive development.

Learning begins at birth. Infants need the stimulation of colors, textures, sounds, and touch. Young children of all ages are active learners, and they learn best when they actively experience the world. With good guidance, young children need to touch, drop, chew on, and handle objects to learn how they work and how they fit together. They need practice time. They need the chance to build on past experiences.

444 BEST COPY AVAILABLE

Children need adult caregivers to set consistent limits for them. These limits give a sense of structure and organization and teach children about the real world. Children need the guidance of adults who understand the stages of cognitive/intellectual development and who can provide appropriate learning experiences at each stage.

Toddlers learn through exploration. They are active and curious with a very short attention span. Language develops rapidly during toddlerhood, evidenced by increased speech and understanding. Toddlers need observant caregivers and teachers who talk and interact with them on a continual basis.

Preschool age children have a longer attention span than toddlers. They can follow simple rules and directions. Although their ability to reason is limited, they are aware of cause and effect connections. Preschool children learn to solve problems and handle everyday situations through dramatic play. During the preschool years comprehension of events increases, imagination is more evident, and the ability to memorize evolves. The cognitive/intellectual environment should provide opportunities for learning language, math, science, and other skills.

Child care programs should be carefully planned and continually monitored to ensure a quality environment. The future of children is greatly influenced by the quality of the environments in which they grow and learn.

◆ Essential Questions: ◆
Cognitive/Intellectual Environment

1. Why is it important for children to use their senses in order to promote cognitive development?
2. What role do materials play in the cognitive environment?
3. Why is it important to organize the environment and plan activities for the children?

Chapter Highlights

- ☆ A wholesome child care environment is arranged so that children remain healthy and benefit from the surroundings. The focus of a wholesome environment is the whole child – physical, emotional, social, and cognitive (intellectual).
- ☆ The physical environment includes indoor and outdoor learning space, furnishings, equipment, and supplies. Minimum standards for child care physical environments are set and enforced by licensing agencies or other state and local governments.
- ☆ Indoor learning space allows for arrival and departure, emergency aid, learning activities, toileting and personal care, food preparation and service, and sleeping.
- ☆ Outdoor learning space is often called the playground or playground area. The same guidelines used for organizing and managing indoor space apply to the use of outdoor space.
- ☆ Furnishings in the child care "classroom" should be small to fit the children. Storage space should be within children's reach and clearly marked with symbols to help them remember where to store items. Equipment and supplies should be chosen to meet the needs of the age group or developmental level of the children using the classroom.
- ☆ A positive emotional climate radiates friendliness, concern, happiness, fun, love, security, respect, openness, and fairness. Children perform better when the emotional environment is positive.
- ☆ Goals of a positive social environment include helping children learn to use private time, develop independence, develop a good self-image, learn to get along with others, and communicate thoughts or feelings.
- ☆ The child learns through the senses of sight, touch, taste, sound, and smell. Each child's gift of natural curiosity to use the senses should be encouraged.
- ☆ Children need adult caregivers to set consistent limits for them. These limits give a sense of structure and organization and teach children about the real world.

Chapter 7

Health Awareness

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3A Observe screening and other health assessment techniques.
- 3E Practice techniques that promote good health and safety in young children.
- 3F Describe appropriate methods of administering and storing medications.
- 12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

acquired immune deficiency syndrome
allergy
asthma
cerebral palsy
chronic illnesses
coma
communicable
contagious
cystic fibrosis
diabetes
epilepsy
grand mal seizure
head lice
health awareness
hepatitis A
hyperglycemia
hypoglycemia
infectious
insulin
petit mal seizures
psychomotor seizures
shaken baby syndrome
sickle cell anemia

Health affects the way a child grows, learns, and behaves. Good physical and emotional health allows children to utilize their abilities to their fullest. A disease, an abnormal condition, an injury, and physical or emotional abuse may damage a child's health, limiting opportunities. Early recognition and treatment of any of these conditions is important.

It is important for child care practitioners/teachers to be healthy in order to properly perform their duties and to reduce the spread of disease. Eating nutritious foods, getting plenty of exercise and rest, and following other good health practices will help caregivers stay healthy. Caregivers, as adults, have developed stronger immunities to disease than children. In addition, following good health and sanitary practices will reduce the spread of disease.

HEALTH AWARENESS

Health awareness involves recognizing wellness and the symptoms of illness and disability. It involves knowledge of illnesses that are common in group child care settings. In addition to the health of the children, a caregiver's health is also part of a health awareness program.

Characteristics of a Healthy Child

Before caregivers can fully understand and recognize the symptoms of children's health problems, they need to know how children look and behave when they are in good health. Healthy children are active, alert, curious, and often noisy. They have clear skin, bright eyes, shiny hair, straight posture, and strong white teeth that are in good condition. Their bowel movements are regular and normal. They sleep soundly and eat a variety of nutritious foods, without overeating. They steadily gain weight and grow taller.

Healthy children enjoy both individual and group activities. Familiar surroundings and activities make them feel happy, content, and secure. They are curious and excited about new experiences. Healthy children trust others, are basically free from worry, and generally feel good about themselves.

Recognition of Illness

Sick children usually have shorter attention spans than healthy children, and they have little energy. They are often cranky and irritable and may cry easily. They may get into fights or minor conflicts more often than they do when they are healthy.

Many childhood illnesses occur suddenly. Usually the signs and symptoms of these illnesses are easy to recognize. Some of the easily identified symptoms of illness include the following:

- runny nose, sneezes, coughs
- flushed face and hot, dry skin
- raised temperature
- unusual paleness or coldness
- large amounts of sweating unexpectedly
- sore throat
- hoarse or husky voice
- swollen glands
- watery or glassy appearance of the eyes
- pain in ear, head, chest, stomach, abdomen, or joints
- nausea, vomiting, diarrhea

- rash, bumps, or breaking out of skin
- stiff back or neck
- convulsions, seizures, or attacks during which a child stiffens and twitches

Some illnesses and disabilities develop gradually and their symptoms are difficult to recognize, especially in the early stages. Screening and other health assessment methods are used to help detect serious illnesses and disabilities in their early stages.

When an illness can be easily passed from one person to another, the illness is ***communicable. Contagious*** diseases are communicable by contact with a diseased person or with an object that a diseased person has used. ***Infectious*** diseases can move from one person to another or from one part of the body to another. Table 7.1 provides information (incubation period, symptoms, and how to protect other children) about common communicable childhood diseases.

Diseases Found in Group Child Care Settings

In group settings, young children are exposed to diseases more often than they are at home. Some studies have found that children enrolled in child care are sick more frequently than children not enrolled in child care. However, as children experience illness, immunities to bacteria in the environment are built, and the occurrence of illness is reduced. Some diseases have been identified that seem to be increasing among children enrolled in group child care. These diseases include the following:

- upper-respiratory infections (colds)
- diarrhea
- conjunctivitis (inflammation of the eye; also called pinkeye)
- impetigo (bacterial skin infection)
- streptococcal sore throats

Another common problem in group settings is ***head lice.*** These are tiny insects that live on blood which they suck from the scalp. Lice are often spread by a child with unclean hair and scalp, but children with clean hair and scalp can become infected. Lice are so tiny that they can hardly be seen. However, if even one child is infected, the lice can spread rapidly from child to child in a group setting. The bite of the insect causes an itching which can become infected by scratching. Besides causing discomfort, lice can be carriers of disease. An infected child should be sent home for treatment and be allowed to return after one medicated shampoo or lotion treatment has been given and no more lice can be found. Other parents should be notified of the problem. Treatment involves washing, disinfecting clothes, and applying a skin ointment or shampoo that will kill the lice.

Another disease that concerns child caregivers is ***hepatitis A***, a viral infection causing inflammation of the liver. Hepatitis A is spread from one person to another by infected feces. Young children often carry the disease. "Carrying" involves transmitting a disease without actually having the disease. Adults usually suffer from the disease, and the disease can be transmitted to caregivers by children. The spread of hepatitis A can be prevented by proper handwashing procedures, especially after children go to the toilet. For safety, caregivers should be careful to wash hands thoroughly after diapering infants or when assisting children with any toileting needs. Depending on the area in which an individual lives, there may be a requirement for a hepatitis A immunization.

Common Childhood Illnesses

Illness	Symptoms	How to Protect Other Children
Chicken Pox (13 – 17 days)	Slight fever, small blisters on chest and back.	Exclude the sick child from school for one week, or until all blisters have scabbed over. Notify the parents of the other children immediately.
Common Cold (12 – 72 hours)	Runny nose, sneezing, overly tired.	Keep the infected child home until he/she feels well. Colds are caused by viruses and they spread quickly from person to person. Watch other children for similar symptoms.
Flu (24 – 72 hours)	Sudden chills, sudden high fever, headache, body aches, sore throat, cough.	Isolate the child from other children until the parents pick the child up. Exclude the child from school for at least three days.
Head Lice (1 – 2 weeks)	Look for eggs (nits) along the hair shafts. Scalp will itch.	Exclude the infected child from the center until he/she is under treatment. Check other children in the center. Vacuum to get rid of lice in the center. Wash items used by the infected child in very hot water to destroy lice and their eggs.
Hepatitis A (10 – 50 days)	Fatigue, profound loss of appetite, yellowish skin, dark brown urine, light-colored stool.	Exclude child from center for one week after illness begins. Notify the Health Department so that people exposed to the infected child may be treated.
Impetigo (4 – 10 days)	Look for blisters that break open and form crusty sores. Sores contain a yellowish-white pus.	Exclude the child for one day after treatment begins. Keep the infected child clean. Enforce handwashing procedures.
Meningitis (2 – 10 days)	Fever, stiff neck, nausea, vomiting, loss of consciousness.	Exclude the sick child from the center until the Health Department releases the child. The only way to positively diagnose meningitis is through a spinal tap. Notify the other parents so that they may watch for symptoms in their children.
Pinkeye (24 – 72 hours)	Whites of eyes redden. A yellow-white pus drains from the eyes. Eyelids are sometimes swollen and stuck together.	Exclude the infected child from school until treatment begins. Enforce handwashing procedures. The disease spreads easily through contact, so if possible keep the infected child out of school until the infection is gone.
Ringworm (10 – 14 days)	Dry, circular patches are on skin; bare spots on scalp. These areas are reddish with raised edges.	Exclude the infected child from school until he/she is under treatment. Since ringworm spreads easily from person to person, do not allow other children to come into direct contact with the infected child.
Scabies (3 – 4 days or longer)	Severe itching and scratching; small, raised, reddened areas on the skin; gray or black lines under the skin.	Exclude the infected child from school until he/she has been under treatment for one day. Notify the Health Department to find out how to treat people who have been in direct contact with the infected child. Wash all clothes, linens, and towels used by the child (during the two days prior to diagnosis and treatment) in hot water and dry in a hot dryer.

⇨ *Table 7.1*

Illness	Symptoms	How to Protect Other Children
Sore Throat (2 - 5 days)	Sore and scratchy throat, difficulty in swallowing, possible fever	Keep other children away from the infected child until the cause of the sore throat is determined. Do not allow children to drink after each other.
Strept Throat (1 - 5 days)	Headache, fever, sore throat, swollen glands in the neck; possible nausea and vomiting.	Any child with a severe sore throat, with or without other symptoms, should be sent home. Only a doctor can diagnose strept throat. Exclude the child from the center until he/she is under antibiotic treatment. Notify the parents of the other children so that they may watch for symptoms in their own children.

SOURCE: U.S. Government Printing Office, *Stop Disease in Child Day Care Centers*, Superintendent of Documents, Washington, D. C.

⇨ *Table 7.1, cont'd.*

◆ ***Essential Questions:*** ◆
Health Awareness

1. What does health awareness involve?
2. Describe behavioral and physical symptoms of a child suffering from a childhood illness. How would you describe a healthy child?
3. How would you describe symptoms for the following illnesses: common cold, pinkeye, impetigo, sore throats, head lice, and hepatitis A?

RESPONSES TO ILLNESS

Even when every precaution is taken in the home and child care center to protect children's health, illness will occur. Each child care program should have written policies and procedures for handling situations when children become ill. In addition, the policies and procedures should be clear as to the circumstances when a child will not be admitted because of symptoms of illness. These policies and procedures should be clearly communicated by the center director to parents and caregivers and administered fairly.

Parent and Employer Response

Child care for sick children is one of the most stressful problems for working parents, especially single parents. The parent needs to be home if a child is very sick. However, when the symptoms are not very serious, another person could care for the child at home. Some days the child may be only mildly ill, but the child care center will not accept the child until all the symptoms of illness have been gone for a specified period of time. The stress can be great for parents who face lost wages or even lost jobs, or for any parent who must miss important assignments at work. One reason for the stress is the lack of choices in these difficult situations.

Employers also lose when employees are absent from work or worrying about the care of a sick child. For this reason, some employers who provide child care for their employees have explored different child care services for sick children. Possibilities which employers may consider include:

- in-home care for sick children of employees
- sick care at the child's regular center

BEST COPY AVAILABLE

- sick care at other locations, such as hospitals

Each of these choices has advantages and disadvantages for the child, the working parent, and the employer. Special child care services for sick children may be more available in the future.

Caregiver Response

When a child becomes ill, caregivers should comfort the child until a parent arrives. Sick children should be isolated from other children to reduce the danger of spreading germs.

Do not give medication to a child unless authorized to do so. Licensing standards usually require that caregivers have written permission from the parent before medication can be given. Child care center policies usually require that certain caregivers give all medication once parents give their permission. Decisions about medication are the supervisor's responsibility. Some child care centers have a policy of not giving any medication. The caregiver in charge of a sick child should follow these general procedures:

- Make the child comfortable. Remove the child's shoes and any outer clothing (coats, hats, etc.). Help the child onto a cot or other comfortable place to relax. Call the child by name, using a comforting and gentle voice. Decide if the child needs to be covered. If the child has an upset stomach, place a container nearby in case of vomiting. Remind the child where the nearest bathroom is.
- Watch the child carefully. Do not leave the child alone. Note any changes in the child's symptoms.
- Report observations of changes in a sick child's behavior to the supervisor who will decide what steps to take. If the child's parents should be called, the supervisor will take responsibility.
- Locate health and family information if requested by the supervisor. All caregivers should know where such information is kept.

Communicating Health and Safety Information to Parents

Communication between parents and caregivers is important to maintaining a healthy and safe environment for children. Each morning parents should tell the caregiver of any behavioral changes the child has experienced or injury resulting from an accident that happened outside the child care center. This information allows the caregiver to respond to the child in a caring, respectful way, watch for further development of illness, and prevent further injury. Caregivers must report accidents, injuries, and illnesses to parents and should report behavior changes which may indicate the onset of illness.

Communication with parents may be done in a variety of ways – informational brochures, accident reports or notes, telephone calls, or verbally at the end of the day. The urgency of the information will determine when the communication occurs. Information brochures from state or local health agencies provide parents with information about accidents, illnesses, and health or safety situations occurring in the immediate area.

It is important for caregivers to remain calm and help parents to remain calm when communicating accidents, illness, or health issues. Providing information to parents allows them to do the following:

- make appropriate decisions in regard to their child
- prepare for possible illnesses (notify parents of illnesses in the center such as chicken pox)
- watch for health problems (head lice)
- plan for and respond to impending dangers (toy recalls, storms, floods, etc.)

The health and safety of children is the responsibility of parents, caregivers, and other adults in their environment. Communication is the only way to coordinate efforts to promote health and safety.

Communicating Illnesses to Licensing Agencies

Child care licensing agencies have the responsibility of regulating care and maintaining safe and healthy environments for children. Child care practitioners/teachers should know the reporting regulations in their state or have a copy of *Day-care Center Minimum Standards and Guidelines* to reference. A chart is provided in the *Texas Day-care Center Minimum Standards and Guidelines* telling which communicable diseases must be reported to child care licensing. Further more, the chart indicates incubation periods, signs of the illness, attendance regulations, readmission criteria, and treatment.

Communicable Childhood Diseases

Tables 7.1 and 7.2 outline the symptoms and incubation periods for some common childhood diseases. Table 7.2 lists the diseases that are preventable through immunization. If a child in your care exhibits any of the symptoms given, exclude the child from the other children. Follow these steps after excluding the child:

- Take the child's temperature.
- If the child has fever, call his/her parents and have the child picked up.
- If the child does not have fever, call his/her parents to find out if they are aware of the condition of their child and to get more information about the child's condition.
- If the child has diarrhea, pinkeye, yellowish eyes or skin, severe coughing, or if the child is having difficulty in breathing, call the parents of the child and have him/her picked up. The child should be taken to a doctor.
- Notify the parents of other children so that they may watch for symptoms of illness in their children.
- Enforce handwashing and sanitary procedures until the diagnosis of the infected child is given to the center.
- Watch other children for similar symptoms.

In some cases, it may be necessary to notify the Health Department to obtain information on protecting children, caregivers, and family members who have been exposed to the infected child. Give this information to parents and other caregivers.

◆ Essential Questions: ◆
Responses to Illness

1. Why does child care for a child that is ill become a problem for parents?
2. What procedures should the caregiveer of a sick child follow?
3. What kinds of health information should be reported to parents? to licensing agencies?
4. What steps should be taken after excluding the child with a communicable disease from other children?

BEST COPY AVAILABLE

DISEASES PREVENTABLE THROUGH IMMUNIZATION

Disease	Incubation Period	Symptoms	How to Protect Other Children
Diphtheria	2 - 6 days	Symptoms include sore throat, swollen tonsils, and fever. Symptoms become severe rapidly. Tonsils have a grayish covering.	Exclude the sick child from school until the Health Department determines that it is safe for the child to return. Find out what preventive measures should be taken. Watch for sore throats in other children and staff members for seven days. Send any possible cases to a doctor. Diphtheria is prevented by a DTaP vaccination.
Measles	7 - 14 days	First symptoms are similar to fever and colds. A red-brown rash appears after the fourth day.	Exclude the sick child from the center for five days after the rash appears. Notify the Health Department to find out what preventive measures should be taken. Measles is prevented by an MMR vaccination.
Mumps	12 - 26 days	Main symptom is pain and swelling over jaw and in front of ear. Other symptoms include fever, nausea, and/or vomiting.	Exclude the sick child from school for nine days after swelling begins. Notify the Health Department and parents of other children. Enforce group separation and hygiene practices. Mumps is prevented by an MMR vaccination.
Pertussis	7 - 14 days	First symptoms are similar to a cold with low fever. Later symptoms include severe coughing attacks that end with a "whoop."	Exclude the infected child from school for four weeks after intense coughing starts. If under antibiotic treatment, the child may return five days after treatment is begun. Notify the Health Department and the parents of other children. Watch children in the center for two weeks for any sign of cough. If a cough does develop, send the child home until he/she is seen by a doctor. Pertussis is prevented by a DTaP vaccination.
Polio	3 - 21 days	Stiff neck, fever, headache, nausea, and sore throat	If a child is suspected of having polio, he/she should be isolated from other children until the diagnosis is confirmed. The only way to prevent polio is through a polio vaccine (such as the OPV).
Rubella	14 - 21 days	First symptoms include fever, headache, sore throat, and swollen glands. These symptoms are followed by a pink to red rash that spreads over the body.	Temporarily exclude the sick child from school. Notify the Health Department to help confirm the disease through blood tests, etc. Make sure everyone in the center has been immunized. Rubella is prevented by an MMR vaccine.
Tetanus	approx. 10 days	Muscle spasms, possible paralysis	Tetanus is caused by a bacteria that can live in small amounts of soil. It is necessary to ensure that all cuts, scrapes, and puncture wounds are cleaned thoroughly with soap and water. All people should be immunized against tetanus. Tetanus is prevented by a DTaP vaccine.

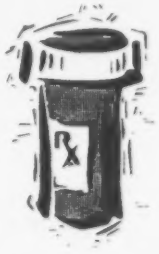
⇨ *Table 7.2*

Disease	Incubation Period	Symptoms	How to Protect Other Children
Chicken pox	2 weeks	Symptoms include fever; weakness; red, itchy rash on chest and back	Restrict the sick child to bed rest for one week. Keep away from other children. Use acetaminophen to control fever. Keep skin clean by giving frequent baths. This also soothes itching. Anti-itching medicine may be applied. Disease usually lasts 7 to 10 days. Children born after September 1, 1994 must have varicella vaccine on or before first birthday.

➪ *Table 7.2, cont'd.*

CHILDREN WITH SPECIAL MEDICAL NEEDS

Children with special medical needs are children with disabilities, chronic (lasting) illnesses, or illnesses that get progressively worse. These children may need some special help or medical attention while in child care. To help these children feel "normal," avoid giving them special privileges and expect them to be as independent as possible for their condition.



It may be easy for children with special illnesses or disabilities to develop respiratory problems and other infections. Children with leukemia, cystic fibrosis, and sickle cell anemia are in this group. Detailed written instructions from the parent and a doctor will help caregivers to care for medically special children. Instructions should include ways to handle an emergency. Under the direction of a supervisor, caregivers should follow these instructions carefully.

Chronic Illnesses

Chronic illnesses are non-communicable illnesses which last a long time but which remain under control with proper care and medication. Children may outgrow some chronic conditions, but others may last a lifetime. Allergies, diabetes, and epilepsy are three chronic conditions that child caregivers may encounter.

Allergies. An ***allergy*** is an abnormal sensitivity of the body to a substance found in the surroundings. People may be allergic to dust, flowers, pets, foods, perfume, pollen, feathers, grain crops, weeds, insect venom, medicine, or other substances. The most common symptoms of allergies are like the symptoms of a cold and may include red or watery eyes, runny nose, or a cough. Other more extreme symptoms may include a rash, stomach pains, difficulty in breathing, or even vomiting. ***Asthma*** is a serious allergic lung condition that causes attacks of coughing and wheezing. When a child is allergic to a specific food, the child's diet must be monitored carefully.

Severely allergic children will often be under a doctor's care and may be on medication to control allergy symptoms during the day. Some medicines given for allergic conditions cause drowsiness.

Diabetes. About two out of every 1,000 school children have diabetes. ***Diabetes*** develops when the body's cells are unable to obtain or use enough insulin. ***Insulin***, which is made in the pancreas, helps the body control levels of sugar in the blood. Almost all diabetic children must have insulin treatment, usually

in the form of injections (shots), once or twice a day. Only caregivers who are nurses or doctors are qualified to give shots of any kind.

Diabetic children must also follow a specified diet, and they must eat at regular times. Since diabetics must avoid eating sugar, they frequently may not be able to eat candy, ice cream, or even fruit juices. Snacks midway between meals are usually necessary for diabetic children. If lunch is delayed for any reason or if children are taken on a field trip, caregivers must see that a protein snack is available for diabetic children. Sugar-free snacks should be provided for diabetic children during a party when sweet foods are served.

Diabetics are subject to two kinds of coma. To go into a ***coma*** means to become unconscious. Caregivers should recognize the symptoms that precede the actual coma and take the appropriate emergency action.

The first type of a coma results from ***hyperglycemia***, or high blood sugar. Before going into a coma, the child will feel warm, nauseous, and drowsy or sluggish. Breathing will become difficult and the child's breath will have a sweet smell. Hyperglycemia occurs when insulin injections are not given, when the child is ill, if the child overeats, when too much sugar is eaten, or when the child does not eat at the proper time. Sugar or foods containing sugar should never be given to a child with these symptoms. A caregiver should recognize the symptoms, immediately call for medical help, and notify the parent.

The second type of coma results from ***hypoglycemia***, or low blood sugar. This condition can develop very rapidly. One or more of the following symptoms may occur: clammy (sweaty feeling) skin, slurred speech, headache, uncoordinated muscle movement, mental confusion, and vertigo (a feeling of whirling about). Hypoglycemia may develop in the diabetic child by a mistake in insulin dosage, not eating regular meals, or vigorous exercise. The parent of a diabetic child should leave a food or drink containing sugar for the caregiver to give to the child in case these symptoms develop. If the child's normal sugar source is not available, any food containing sugar, such as candy or a soft drink, can be used. When the child is given sugar, the parent should be notified. If the child becomes unconscious, medical help and the parent should be called immediately.

Epilepsy. ***Epilepsy*** is a malfunction of the electrical activity of the brain, usually caused by some kind of brain damage. This does not mean that persons with epilepsy are slow learners or are more likely to have learning disabilities than other people. Persons with epilepsy sometimes have seizures. The seizures may be of three types: grand mal, petit mal, or psychomotor. Some persons with epilepsy will rarely have a seizure if they are given the proper balance of medication.

The ***grand mal seizure*** is the most serious and the most common type with children. The grand mal seizure causes convulsions and the person may become stiffened and have uncontrolled muscle movements. The beginning of the seizure happens quickly, and the person may lose consciousness. If sitting or standing when the seizure begins, the child will fall to the floor. The face becomes pale, pupils dilate, eyes roll, the face is distorted, the flap covering the opening in the windpipe closes, the head may be thrown to the side or backwards, stomach and chest muscles be-

come rigid, and limbs stiffen or contract regularly. This phase lasts less than a minute and may be followed by a short jerking phase. Then the child will fall asleep for a short period of time and may awaken with a severe headache and be confused. The child will not remember having the seizure.

Except for the possible injury caused by the fall, the grand mal seizure is not physically dangerous to the person with epilepsy. The caregiver should help the child lie down, open the child's airway by tilting the head slightly backward, clear away furniture and sharp objects, loosen the child's clothing, and allow the child to sleep afterwards. The caregiver should explain to the other children what a seizure is and why there is no reason to be frightened. The caregiver can also encourage the children to help the sick child feel better by interacting with him or her in their usual ways. The parent should be notified of a seizure so any necessary changes in medication can be made.

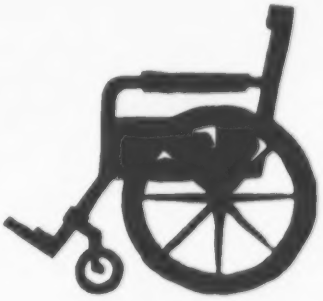
Petit mal and psychomotor seizures are often hard to detect, but a caregiver's recognition of the signs of these seizures may help a doctor make the correct diagnosis. ***Petit mal seizures*** involve only a momentary loss of consciousness, usually characterized by brief periods of staring or blinking. There may also be an upward rolling of the eyes, rhythmic nodding of the head, or slight quivering of the arms and legs. Attacks may last from five to thirty seconds and be so minor that they go unnoticed.

Psychomotor seizures involve purposeful but inappropriate movements that are repeated and often complicated. For example, a child might turn around in circles or run to the caregiver for no apparent reason. A one to five minute period of unconsciousness may follow, after which the child may feel slightly drowsy but will return to his or her normal behavior pattern.

Epilepsy is usually treated with a single dose of a drug given at bedtime. Therefore, the child care center would usually not be asked to give medication for epilepsy.

Disabling Conditions

Disabling conditions may be physical, mental, or emotional/behavioral. Physically disabling conditions could include blindness, deafness, partial paralysis, or loss of limbs. A child disabled by paralysis or loss of legs will probably use a wheelchair. A child with a cognitive disability might be a slow learner or have other learning disabilities. A child with an emotional/behavioral disability will often have trouble interacting with other children. He or she may either be withdrawn or may exhibit extremely aggressive behavior.



Caregivers can and should help children with physical disabilities cope with their conditions and develop independence. Children with cognitive disabilities and emotional/behavioral disabilities can also be helped. These conditions will be discussed later in regard to child development principles and teaching methods.

Progressively Severe Illnesses

Illnesses which become progressively more severe include diseases such as sickle cell anemia, cystic fibrosis, and cerebral palsy. These diseases tend to become worse as the child gets older. They often lead to a short-

ened life span. In many instances, the symptoms of these diseases in young children are mild and will not severely limit activity until children are older. In other cases, children may require special attention.

Sickle Cell Anemia. ***Sickle cell anemia*** is a hereditary disease. Most individuals with sickle cell disease have African and Mediterranean ancestry. Victims develop misshapen red blood cells which are unable to carry oxygen and produce a condition called anemia. People with this condition are generally weak. Some people with sickle cell anemia develop small ulcers (sores) around the ankles. In severe cases, the victim may experience headaches, nausea, vomiting, jaundice, fever, and pains in the muscles and joints.

Cystic Fibrosis. ***Cystic fibrosis*** is a hereditary disease of the pancreas and lungs. It begins in infancy with the inability to digest foods well and difficulty in breathing and continues throughout the life of a person.

Cerebral Palsy. ***Cerebral palsy*** is a neuromuscular disorder caused by lesions in the motor centers of the brain. The condition may be caused by a prenatal brain defect or a brain injury during birth. Victims have little or no control over their movements and may have difficulty with speech and swallowing. Some victims may be on crutches or in wheel chairs. Many victims of cerebral palsy have mental deficiencies, but only one third of these children are below the acceptable educational levels. As with all children with special medical conditions, cerebral palsy victims need surroundings in which they are encouraged to try new things and are allowed to have good relationships with others. These children also need the chance to learn what things they can do for themselves.

AIDS. ***Acquired Immune Deficiency Syndrome*** (AIDS) is a communicable disease that destroys the body's immune system. The immune system is responsible for fighting off infections and other diseases. Thus, it is very easy for a child with AIDS to develop respiratory illnesses (such as pneumonia) and other infections. A child with AIDS may need to be removed from the classroom for his/her own protection when cases of measles, chicken pox, or other infections occur among the other children.

Children with AIDS need to be isolated from other children in the child care setting when the infected child has open sores that cannot be covered or exhibits a behavior like biting. Caregivers assigned to care for infants or children who are not toilet trained should exercise and teach sanitary practices. Wearing gloves and cleaning the toileting or diapering area with disinfectants are good hygiene practices. Caregivers with open sores or injuries on their hands should be especially careful to wear gloves. A good disinfectant can be made by mixing one part household bleach with ten parts water. Disposable towels or tissues should be used whenever possible, and mops should be rinsed in a disinfectant.

All persons involved in the care and education of a child with AIDS should respect the child's right to privacy, which includes maintaining confidential records. The Texas Department of Health has set forth guidelines to protect children, caregivers, and children with AIDS, as have many other states. These guidelines and the policies established by the child care center should be strictly followed by caregivers.

Other Progressively Severe Illnesses. Other conditions that may be classified as progressively severe illnesses include leukemia or other types of cancer in children. However, these diseases have about a 50 percent cure rate if recognized and treated early. Cancer victims usually undergo a series of treatments that may leave them weak and cause them to easily develop infections. Some types of treatment might cause victims to temporarily lose all of their hair.

◆ ***Essential Questions:*** ◆
Medically Special Children

1. What is the difference between chronic illnesses and communicable diseases?
2. What is one example of each type of disabling condition: physical, mental, and emotional/behavioral?
3. What are some common symptoms of allergies?

SHAKEN BABY SYNDROME

Shaken baby syndrome is a severe form of head injury caused by the rebound of the baby's brain in its skull when shaken. It is almost always caused by nonaccidental trauma (child abuse). It may be caused by an angry parent or caregiver shaking a baby to punish or quiet the infant. In rare instances this injury may be caused accidentally by actions such as tossing the baby in the air or jogging with a baby on a backpack. Symptoms of shaken baby syndrome are as follows:

- change in behavior, irritability
- lethargy or loss of consciousness
- pale or bluish skin
- vomiting
- convulsions

There are usually no outward physical signs or trauma, such as bruising, bleeding, or swelling. Examination by an ophthalmologist frequently reveals retinal hemorrhages. Common injuries associated with shaken baby syndrome are as follows:

- brain damage
- spinal injuries or paralysis
- blindness or other eye trauma
- seizures
- delay in normal development – impaired motor or sensory skills
- broken bones
- dislocations
- retardation

Some play activities that involve jerky movement of an infant or young child may be hazardous and result in shaken baby syndrome. Vigorous tossing of a small child into the air, "cracking the whip" while swinging the child around by the ankles, spinning a child around, and jogging while carrying an infant on the back or shoulders are examples of these activities.

Any time a baby or small child is shaken or exhibits signs of being shaken, the child should be taken to the hospital for examination. Bleeding in the brain can be detected through tests, and medication can be given to stop the bleeding, thus minimizing the effects of shaking.

◆ ***Essential Questions:*** ◆
Shaken Baby Syndrome

1. What is shaken baby syndrome?
2. List four symptoms of shaken baby syndrome.
3. What types of activity are hazardous and may result in shaken baby syndrome?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Health affects the way a child grows, learns, and behaves.
- ☆ A disease, an abnormal condition, an injury, and physical or emotional abuse may damage a child's health, limiting opportunities.
- ☆ Before caregivers can fully understand and recognize the symptoms of children's health problems, they need to know how children look and behave when they are in good health.
- ☆ In group settings, young children are exposed to diseases more often than they are at home.
- ☆ Caregivers should be able to recognize symptoms of communicable diseases and chronic illnesses that occur in children.
- ☆ Screening and other health assessment methods are used to detect serious illnesses and disabilities in their early stages.
- ☆ Each child care program should have written policies and procedures for handling situations when children become ill.
- ☆ Policies and procedures as to circumstances when a child will not be admitted because of symptoms of illness should be communicated to parents and caregivers. These policies should be administered fairly.
- ☆ Child care teachers/practitioners should know the regulations in their state for reporting communicable illnesses to the appropriate agencies.
- ☆ Children with chronic illnesses or disabilities may need special help or medical attention while in child care.
- ☆ Shaken baby syndrome is a severe form of head injury caused by the rebound of the baby's brain in its skull when shaken. Any time a baby or small child is shaken or exhibits signs of being shaken, the child should be taken to the hospital for examination.

Chapter 8

Safety Awareness

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.
- 3F Describe appropriate methods of administering and storing medications.
- 12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

accident
combustible materials
drown
fall zones
flammable materials
spontaneously combustible materials
suffocate

Safety is everyone's responsibility. All of the adults in a child care center - child care practitioners, teachers, kitchen personnel, van drivers, and volunteers – should be observant and safety conscious. Accidents are the major cause of injury and death among young children. Therefore, planning and maintaining safe surroundings is critical. This is accomplished by following safety regulations, continually monitoring the environment, and teaching children safety information appropriate to their ages.

SAFETY AWARENESS

Regulations and Procedures

Various groups influence safety regulations in child care centers. These groups may include local and state governmental agencies, funding agencies, insurance companies, and the legal profession.

The state child care licensing agency sets minimum standards for child care safety. A child care center must follow basic safety codes in order to receive a license. If a child

care program is receiving funding from an outside source, the funding agency's safety guidelines must also be followed. Outside funding might come from the federal government, a foundation, or a private investor. Some insurance companies may also require higher safety standards for liability insurance than the state's minimum licensing standards.

Following safety standards and procedures is important to the safety and well-being of children. It is also important legally. A child care program can be held liable for injuries to a child or employee unless it can be shown that safety policies and guidelines are enforced.

◆ Essential Questions: ◆
Safety Awareness

1. What groups influence safety regulations in child care facilities?
2. Why is it necessary for a child care facility to follow safety standards and procedures?
3. What information must the child care center provide to the licensing agency if an accident occurs that requires medical attention?

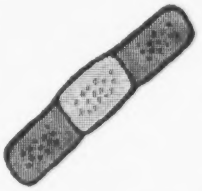
RESPONSES TO ACCIDENTS AND INJURIES

Accidents and injuries occur even when supervision of children is excellent. The term ***accident*** refers to an unplanned or unexpected event. Minor accidents are accidents that do not require medical treatment and can be attended to by the caregiver or school nurse. However, major injuries are injuries that require the attention of medical personnel. Procedures and policies for dealing with accidents and injuries should be established, understood, and followed by all caregivers. Caregivers should be trained first aid and CPR and have access to a first aid kit at all times.

Caregiver Response

When a child receives a minor injury, not requiring medical attention, the caregiver should attend to the child immediately and determine the severity and type of injury sustained. At this point the caregiver must decide how to proceed. If the child has a scrape or cut, the following procedures should be followed:

- Put on protective gloves.
- Clean the wound with soap and water.
- Apply an antiseptic, such as hydrogen peroxide.
- Bandage as needed.
- Complete an accident report (one to be sent home with the child and a copy to remain in the child's file).



If the child receives a bump on the head or other part of the body, apply ice to reduce swelling and watch for behavior changes. Even though bumps may not be visible after a short period of time or appear to be serious, it is important to complete an accident report so parents and the center have a documentation of the injury.

When major accidents or injuries occur, caregivers must react quickly. One caregiver should take the leadership role attending to the child, make decisions, and tell the other caregiver what needs to be done. The following procedures should be followed:

- Attend to the child immediately.
- If body fluids are evident, put on protective gloves.
- Assess the situation without moving the child.

- Apply first aid procedures as needed, having the second caregiver get needed supplies.
- Notify the director or person in charge.
- Contact the parent or designated contact person if the injury is not life threatening.
- If the injury is life threatening or requires immediate medical attention, call 911 and then contact the parent.
- Complete an accident report immediately or dictate information to a caregiver who can write it on the accident report. (The information may be needed by the doctor in order to provide the necessary treatment.)
- Contact the child care licensing agency. Have all necessary information at hand when the call is made

It is important to remember that children should not be left alone at any time when they have received an injury. The child is usually frightened and the condition of the child may change quickly.

Communicating Safety Information to Parents

As discussed in Chapter 7, communication between parents and caregivers must report accidents, injuries, and illnesses to parents. Parents should also keep the caregivers abreast of any injuries or changes that the child may experience outside of the center.

As discussed previously, it is very important to remain calm and help parents to remain calm when communicating accidents or health issues. Health and safety of children is the responsibility of parents, caregivers, and other adults in the child care environment.

Communicating Accidents and Injuries to Licensing Agencies

Any accident requiring medical attention must be reported in the state of Texas. The child care center must provide child care licensing with the following information:

- name and age of child
- parent contact information (name, telephone number, and address)
- what occurred (how, where, and when the accident occurred)
- witnesses to the accident
- procedure followed after the accident
- condition of the child at the time of the report

Communicating with child care licensing agencies provides protection for both the child and the child care facility. Working together insures that children will be in a healthy and safe environment when they are in group care

◆ Essential Questions: ◆
Responses to Activities and Injures

1. What procedures should a caregiver follow if a minor injury occurs? Major accident or injury?
2. How should caregivers communicate safety information to parents?
3. What information should be reported to licensing agencies?

SAFETY IN THE PHYSICAL ENVIRONMENT

Safe indoor and outdoor environments for young children require careful planning and constant checking. Meeting the safety rules of agencies who issue licenses is only the beginning step in a child care safety program. After safety policies and procedures are written for each child care center, they must then be followed on a daily basis.

Safety inside the child care center is affected by the arrangement of rooms, equipment, and furnishings. Uncrowded

463 BEST COPY AVAILABLE

room arrangements are safer for young children, who move quickly and often. Traffic paths should be free of objects such as area rugs, toys, and equipment. Child-sized furnishings are safer because children are able to control their movements and to select and return their toys safely. Low furnishings, including shelves and room dividers, allow caregivers to observe and supervise children from any location in the room.

The outdoor child care environment should be arranged for safety also. Equipment and playing areas should be arranged to prevent crowding. Children are less likely to crowd into one area if there are several interesting play areas. Keep activities separate which do not work well together, such as swings and wheeled toys. Playground equipment should be built well for safety and should be appropriate for the ages of the children using the equipment.

Each teacher should check his or her classroom for safety hazards at the beginning of every day. An assigned caregiver should check areas, such as the bathrooms, the kitchen, and the playground, that are used by more than one group. In addition, each caregiver should be responsible for correcting unsafe conditions and/or reporting them immediately. For example, if water is spilled on the floor, the caregiver should mop it up or see that it is mopped up immediately. A frayed electrical cord should be reported to the director so that it can be repaired promptly by an expert.

Room-by-room safety check tours should be done by a team of caregivers at regular times. The tours should be unannounced and rotated by time of day and type of activity. One week the tour might be during meal time, the following week it might be when four-year olds are on the playground, the following week it might be during indoor learning center time, and the next week it might be conducted when no children are present. The team in a large center might consist of the center director, the assigned safety supervisor for the center, age-level supervisors, and someone from the housekeeping staff. Different caregivers could be assigned for each inspection. For a small program, such as a family day home, the team might consist of the director and one other adult. The inspectors should tour each area of the center and record what they observe.

Inspectors should observe the center from the child's point of view. They might kneel on the floor, for example, to see things as children would see them. Team members should especially look for hazards that could cause the following: burns, fire, shock, suffocation, drowning, poisoning, cuts, falls, and transportation hazards.

Hazards That Could Cause Burns, Electrical Shock, or Fire

Hazards that could cause burns, electrical shock, or fire are often related. For example, a child who touches a frayed electrical cord may suffer burns as well as electrical shock. A frayed electrical cord could also cause a fire.

Burns. Burns can result from a variety of sources. Small children can be burned easily as a result of their curiosity and activity. The following can cause burns in small children:

- contact with an open flame, such as in a gas heater or a gas stove
- contact with a hot surface, such as an electric heater, an electric stove, a hot pan, or an iron

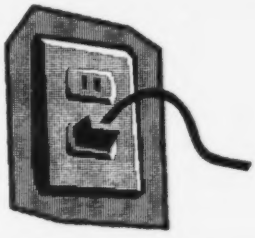
- touching hot liquid, such as scalding tap water or liquid boiling on the stove
- contact with a direct fire, such as from playing with matches
- contact with a metal slide or metal swing chairs heated by the summer sun
- electrical shock, such as when electrical cords, plugs, or appliances are played with or misused

Caregivers should check to see that physical barriers, such as guards, gates, grates, or metal railings that keep children away from heaters, are securely in place. No children should be allowed in the center's kitchen when food is being cooked. For extra safety, handles of pots and pans should be turned away from the front of the stove, out of the reach of children.

Matches should be kept in a closed cabinet (preferably locked) out of view and out of reach of children. The setting on the water heater should be checked; tap water in the bathrooms of a child care center should be no hotter than 110°F. Water for washing dishes must be hotter than 110°F. The water heater itself should be in a closet or area that children cannot reach. Electrical appliances should be checked carefully, as discussed in following sections.

Electrical Shock. The only electrical appliances to be used by children in child care are those, such as record players, that are chosen just for use by children in their activity areas. These appliances should be plugged into an outlet that children cannot see or cannot reach. In fact, all electrical outlets should be above children's reach, covered with an outlet cover, or hidden from view.

Electrical cords should be used safely. Replace frayed cords. Only one cord should be plugged into an outlet. Electrical cords should be hidden as much as possible so children will not be tempted to touch them. Cords should not be placed across areas where children might trip on them or bump into them. All electrical appliances should be unplugged by a caregiver when they are not in use.



Since water is a good conductor of electricity, people can receive electrical shocks if they touch an electrical appliance and moisture at the same time. Children or caregivers should not use any appliances near water or a source of water. Very little moisture is required for an electrical shock to occur. Because of the small size of children, an electrical shock that might be mild for an adult could be more dangerous to a child. No electrical appliances should be left in children's bathrooms.

Fire. Of all dangers in group settings, fire is probably the most feared. Many injuries, although serious, involve only one or two children. However, fire is a life-threatening danger to everyone in or near a building. Strict enforcement of fire codes by different governmental agencies shows that fire safety is an important concern. Child care centers are responsible for checking the dates of the most recent inspection of the facility, including inspections of the fire alarm system and the fire extinguishers. It is also important to be sure that clearly written fire exit maps are posted.

Caregivers should recognize fire hazards and correct or report them immediately. Common fire hazards include the following:

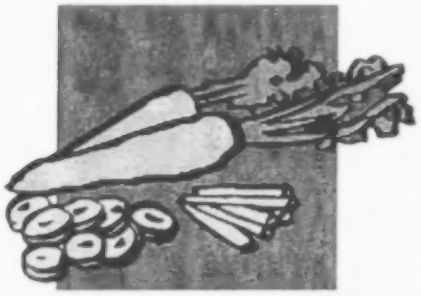
- Electrical equipment in poor condition or being used incorrectly.
- Combustible materials, such as glue or cleaning solutions, placed near a heat source – ***Combustible materials*** ignite with an "explosive" reaction. They also produce fumes which can be ignited from a nearby heat source, such as a gas furnace or lighted match.
- ***Spontaneously combustible materials***, such as cleaning rags – These materials will ignite on their own if stored in tight spaces. If these items are used in child care facilities by the housekeeping staff, they should be discarded in an outside trash dumpster immediately after use. They should not be stored indoors or placed in indoor trash containers.
- ***Flammable materials***, such as newspapers and empty cardboard boxes – Flammable materials will ignite easily when touched by a flame or will allow flames to travel through them quickly. They should not be stored in a child care center. This rule should be followed in all rooms including attics, basements, closets, storage rooms, halls, offices, classrooms, bathrooms, and the kitchen.
- Matches or other fire producing items, such as cigarette lighters, which are available to children – Matches should be stored out of the view and reach of children, preferably in a high locked cabinet. If a caregiver carries a cigarette lighter in a purse or briefcase, the purse or briefcase should be kept in a locked cabinet.
- Fire-producing equipment, such as furnaces, stoves, and water heaters, which children can reach – Such equipment should not be available to children. Either physical barriers, such as locked closets or metal guardrails, or constant caregiver supervision, as in the case of kitchen stoves, should be used to prevent injury to children.
- Blocked exits – Each classroom should have two exits. Both exits should be unlocked and not blocked by furniture, equipment, toys, or trash. All outside exits should also be unlocked from the inside and should be clearly marked.
- Missing or nonworking fire-fighting equipment for putting out small fires – Fire extinguishers of the correct type for fires likely to occur, hoses attached to outside water faucets, and baking soda to sprinkle on kitchen grease fires are examples of items needed for putting out small fires.

Hazards That Could Cause Suffocation

To ***suffocate*** means to strangle or to die from lack of oxygen. Suffocation hazards may appear in both the indoor and outdoor environments. The most common suffocation hazards for children include the following:

- Plastic bags, especially plastic trash bags and the thin plastic bags covering dry cleaning garments – A plastic bag pulled over a child's head can cause suffocation in minutes. Infants may accidentally block their nostrils with a plastic bag, or older children may play games with plastic bags and suffocate themselves. Be alert for plastic bags that may blow onto the playground or might be brought to the center by a child. When throwing plastic bags away, tie them in a series of knots.
- Enclosed hiding places with a tight lid or door – Chests, trunks, empty refrigerators or freezers, or other containers can be dangerous. A child hiding in a closed-in space soon uses all the oxygen in the air and will suffocate. An old refrigerator or freezer should be stored with the door removed, or it should be belted and locked shut.
- Small objects, such as beads, buttons, and balloons that have popped or that are not blown up – These items can easily block air passages if swallowed and are especially

dangerous to small children. Certain foods, such as unchopped meats, wieners, raw carrots, and fruits with pits and nuts, can also block air passages.



- Entrapment spaces and objects – A widely overlooked cause of injuries on playgrounds is entrapment which can lead to hanging. Narrow spaces (from five to nine inches) in which a child can entrap the head are unsafe. Spaces to check include open steps, railings, and V-shaped bracings on play equipment. Equipment with parts that can close or tighten on the child are also entrapment hazards. For this reason, children should not be allowed to play with ropes except for supervised jump rope activities. Hangings can also occur when children get loose parts of their clothing caught. Young children should not be allowed to wear jewelry or scarves around the neck. Belts, ties, sashes, and drawstrings should be attached to garments. Children like to experiment and these items can choke, trip, or cut off breathing if children misuse them.

Hazards That Could Cause Drowning

Another form of suffocation is by drowning. To ***drown*** is to suffocate in water or other liquid. Children are fascinated by water and enjoy water activities of every type. A child can drown in a very small amount of water, even water that is less than an inch deep. Children have drowned in puddles, drainage ditches, shallow containers of rain water, bathtubs, toilet bowls, and swimming pools. Licensing standards are usually very strict about the use of pools or other water activities. Caregivers should constantly watch for water hazards. The playground should be checked following each rain and melting snow.

Hazards That Could Cause Poisoning

A ***poison*** is any substance that injures health or destroys life when taken into the body. Poisons can be swallowed, breathed, or absorbed through the skin. Ninety percent of all accidental poisonings occur to children under five years old. Poisons can be common household cleaning supplies, medicines, insecticides, cosmetics, paint supplies, certain plants, and a variety of other substances including gasoline and kerosene. Food poisoning will be discussed in Chapter Nine.

Poisonous substances should be clearly labeled and in their original containers. Never store poisonous substances in soft drink bottles or any other container that usually holds food or drink. Poisonous substances should never be available to young children in a child care setting. Licensing standards may require that certain substances, particularly medicines, be kept in a locked cabinet.

Caregivers should check the labels, the packaging, and the storage safety of the substances on the following list. The list is not complete, but it shows the variety of common substances that can be harmful to children. Most poisonings occur because children swallow these substances. However, the fumes of some substances, such as glue, dry cleaning fluids, lighter fluids, gasoline, kerosene, insecticides, and pesticides, are dangerous to children when sniffed. Other substances, such as some poisonous plants, can be dangerous if rubbed on the skin or eaten. Poisonous substances include the following:

- cleaning supplies of all kinds
- drain cleaner

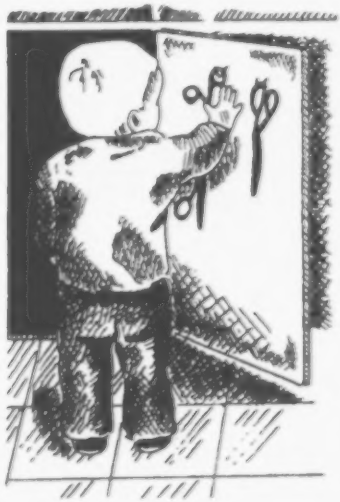
- toilet bowl cleaner
- furniture polish
- room freshener
- substances in aerosol spray cans
- paint supplies
- glue
- pesticides
- insecticides
- rodent killers
- gasoline
- kerosene
- nonprescription drugs, such as aspirin
- prescription drugs
- nail polish and nail polish remover
- lighter fluid (cigarette and charcoal lighter fluids)
- cosmetics
- poisonous plants

When caregivers discover poisonous substances that are mislabeled or improperly stored, they should immediately correct the hazard and report the situation to a supervisor. Improperly labeled or packaged substances should be safely discarded. Regular trash containers should not be used to discard these substances because children can reach them. Some substances, such as medicines, should be flushed down the toilet.

Most liquids may be poured down the sink. Volatile substances, such as gasoline and lighter fluids, should be discarded outside in the open air away from the child care center. Some substances can be secured in a plastic bag and placed in a dumpster. Poisonous plants should be removed.

Hazards That Could Cause Cuts

Hazards in child care settings that could cause cuts include toys and equipment that are broken or need repair, have sharp or pointed edges, or that are not appropriate for the age of the children who use them. Broken glass and other sharp objects, such as sticks, that collect on a sidewalk or playground are also common hazards. It is important to conduct a routine morning check of all equipment and outdoor areas. Glass doors, such as sliding glass doors and glass storm doors, can be serious hazards. People have been seriously injured by walking through clear glass doors. If used in child care settings they should be clearly marked or decorated at children's eye level to prevent accidents.



When choosing toys and equipment, thought should be given to what the items would be like if broken. Items made of easily breakable plastic often result in sharp, jagged edges when broken. Equipment and utensils used for eating can be hazards also. Toys with easily removable parts that could cut or puncture are unsafe. Sandboxes and digging areas should be checked daily for sharp objects. Outdoor items of wood or hard plastic should be checked for splinters.

Safe toys and equipment should only be used with children of the appropriate level of development. For example, large building blocks appropriate for four and five-year olds might be hazardous to toddlers who trip and

fall easily. All scissors used by young children should have rounded, not pointed, blade tips. Activities involving magnifying glasses, mirrors, thermometers, and glass jars should be carefully supervised.

Sharp equipment used by caregivers, such as paper cutters and kitchen knives, should be used and stored in a room not used by children. For extra safety, equipment like paper cutters and meat slicers should also have safety latches. Latches should be secured when the blade is not in use. They should be stored out of children's reach. Adult-sized outdoor lawn equipment, such as shovels, rakes, hoes, and lawnmowers, should not be available to children or used when children are present. They should be safely stored in locked compartments.

Hazards Related to Falls

Hazards related to falls generally come from five main sources. These sources are as follows:

- wet, slippery, or loose floor and ground surfaces
- objects in traffic paths
- heavy objects falling from overhead
- heights
- hard surfaces under playground equipment

All walking surfaces should be kept dry and solid. Children can slip and fall on icy sidewalks, loose sand on concrete, wet floors, slippery floor surfaces, and loose tiles and rugs. Snow and ice should be removed from sidewalks and porches before children arrive and should be kept clear all day. Liquid spills should be wiped up immediately. Oily spills should be wiped immediately with a detergent solution, rinsed, and dried. Bathroom floors should be kept clean and dry. Doorways where children enter with wet or muddy shoes and boots should be covered with entry rugs. Floor surfaces should not be overwaxed. Loose tiles should be repaired. Corners of carpets should be tacked down. Loose area rugs should have non-slip backings or pads.

Traffic paths should be kept free of toys, furniture, and other objects. Clutter causes bumps, bruises, and falls. Children, as well as caregivers, need to be responsible for keeping traffic paths clear.

Serious injuries have resulted from heavy objects falling on young children. Heavy objects should not be placed on tables, counters, or shelves within reaching or climbing distance of children. Tall, free-standing file cabinets and full bookcases can also be pulled over by children if not fastened to the floor or a wall. Loose or damaged limbs should be removed from trees in the playground.

Heights that are inappropriate for a child's level of development are common causes of accidents. Climbing equipment, slides, and swings suitable for four and five-year olds are too high to be safe for toddlers. Any piece of playground equipment that will tilt or collapse during use should be secured in concrete. Equipment that is designed to be free-standing that will tilt or collapse during use is unsafe and should not be used.

The most frequent cause of serious injuries on playgrounds is falling onto hard surfaces, especially asphalt and concrete. Hard surfaces are needed for wheeled toys and for some organized games, such as hopscotch and bouncing ball games. All other areas of

the playground should have a soft surface. Grass is appropriate for running and tumbling areas. ***Fall zones*** are areas covered with several inches of soft material, such as sand or shredded bark. Fall zones should be built under slides, swings, merry-go-rounds, and climbing equipment. The area should be checked regularly to see if material needs to be replaced.

Other Hazards

Besides the hazards already mentioned, look for other possible hazards. Because young children are very curious, no list of hazards should ever be considered complete. Below is a list of additional hazards for which caregivers should look:

- windows and screens that children could open and from which they could fall or climb out
- cables, chains, or moving parts of equipment that could pinch
- loose steps or railings
- hard surfaces at the foot of stairs
- poor lighting for stairways, halls, and other areas
- exposed nails, screws, or sharp edges
- loose bolts or parts in need of repair
- unlatched gates
- grass, trees, or shrubbery that could trap or hurt children
- low hanging or jutting objects at children's eye level
- rotting, splitting, or termite infested boards
- rusty metals
- peeling paint
- cracking or bulging of walls or ceilings
- loose or buckling carpet
- unlocked entrances to storage rooms, attic, or cellar
- splintered surfaces that need sanding or refinishing
- small items that children could put in the ears or nose
- stray animals
- improper use or storage of tools or equipment in a building area
- unsafe items that children bring from home

◆ Essential Questions: ◆
Safety in the Physical Environment

1. List procedures to help develop safety in the child care environment. How will these procedures help?
2. What hazards should caregiver inspectors look for when inspecting from children's eye level?
3. List five fire hazards and explain what should be done to correct them if found in a child care center.

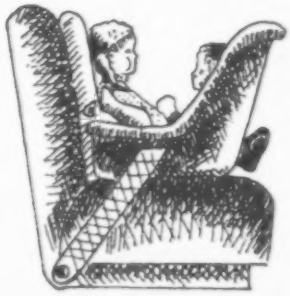
TRANSPORTATION

Children in most child care centers arrive in family cars. Some children may be in car pools, with the drivers changing on a rotating basis. Some child care centers will provide transportation services, picking up and returning children to their homes or half-day kindergarten programs. Whatever the travel arrangements, transportation safety is an important concern for child caregivers. Each center should make and follow a plan for the arrival and departure of children. Each center's plan will be different depending on the type of driveway at the center and the entrance to the building. These general rules should be followed for child care transportation safety:

- Children should enter and leave cars from the side of the car closest to the building. If the car must be parked along the street, children should enter and leave from the curb side.
- Each child should have a seat in the vehicle and should remain seated during travel. Head, arms, and legs should never be allowed to extend out of windows. Safety belts or approved child restraint seats

should be used in cars and vans (one belt per child) as appropriate for the age and size of the child. Safety belts should also be used in buses, if available.

- The vehicle should not be started until each child is securely seated and the doors are securely closed and locked. If two or more children are being transported in the same vehicle, take a count to make sure that each child is present.
- On arrival, children should remain securely seated until the vehicle comes to a complete stop. During delivery of children, the driver or another adult should get out of the vehicle first and walk with the children to the adult who is to receive them. When children are arriving at the center, parents should walk the children to the center, or an approved caregiver should come to the vehicle and receive the children. Children should not be allowed to enter the building (on arrival) or leave the building (on departure) by themselves.



- When a group of children are waiting for rides at the same time, they should be kept together and supervised by a caregiver. The place should be the same from day to day.
- Do not allow a child to leave the center with anyone who has not been approved by the parent who enrolled the child or with anyone whose name is not recorded in the child's file as being approved to call for the child.
- When the center provides transportation, state licensing requirements must be met. Each vehicle should be in excellent operating condition. It should display a current safety sticker to show that it has been inspected. Every driver must have a valid operator's license to drive the type of vehicle being used. Licensing standards may require that at least one caregiver besides the driver be in the vehicle when children are present. Only assigned caregivers should be responsible for driving children.
- The vehicle should have a list of the children being transported, first aid supplies, emergency medical treatment forms for each child, and a portable fire extinguisher.

◆ *Essential Questions:* ◆
Transportation

1. How should children enter and exit a vehicle for transportation?
2. What items should be in the vehicle before transportation can begin?
3. Develop a set of rules for children to follow when being transported. Why is it important to have these rules?

SAFETY IN GROUP PLAY

Child care safety involves safety in group play as well as safety in the physical environment. Group play involves continuous supervision by caregivers and skills in promoting safety among children.

Caregivers must be constantly alert in order to supervise children. Caregivers should locate themselves so all children are watched. For example, caregivers should spread out around the playground to be near groups of children. One caregiver may be located near the slide and one near the tricycle path. By

BEST COPY AVAILABLE

using this system, caregivers can quickly see possible safety hazards and correct them before someone gets hurt. Caregivers cannot observe and supervise well if they stand or sit together and talk.

If caregivers see unsafe behavior in children, they should briefly tell the children in simple terms why the behavior is unsafe. If the caregiver follows this explanation by showing children an example of safe behavior, learning is enforced. For example, a caregiver could show how to walk around a swing in use or help children use words instead of fists to express feelings. Caregivers should also realize that children forget easily and may need to be reminded about safety.

◆ Essential Questions: ◆
Safety in Group Play

1. How should caregivers position themselves on the playground? Why is this important?
2. Why is safe group play important for children?
3. How can caregivers show children examples of safe behavior?

SAFETY EDUCATION

More than anything else, parents expect their children to be safe while in child care. Child care safety begins with safe physical surroundings and continues with careful supervision and safe interactions. The surroundings and the interactions that occur there should encourage the physical, social, emotional, and cognitive development of children. Part of children's development involves learning to be responsible for their own safety and for the safety of those around them.

As with hygiene practices, the safety practices that young children learn and use at an early age will often be the ones they will follow as adults. Child caregivers should help children with decisions and behavior which keep their surroundings safe.

In order to plan and maintain a safe environment, caregivers need to know which activities are typical of children at different ages. This information is also needed for teaching children safety practices. Table 8.1 should assist child caregivers in these tasks.

◆ Essential Questions: ◆
Safety Education

1. Why should safety be such an important issue in quality child care?
2. Why is it important for children to learn and use safety practices at an early age?

Safety For Children at Different Levels of Development

INFANTS Birth to 6 months	
Developmental Characteristics	**Guidelines**
Babies change positions often. They move from side to side, wiggle, and turn to gradually move around in their cribs. 	Choose cribs which are designed to protect the baby from lodging his/her head, legs, or arms on any part of the crib. Mattresses should be firm and properly fitted. Crib bars should be spaced so that the baby's head will not fit through the bars. Pads fitted around the inside edge of the crib protect the infant's head and keep it from slipping through the bars.
Babies like to suck on things, such as toys and crib slats.	Make sure that lead-free and non-toxic paints and finishes are used on furniture, equipment, and toys for infants. Keep small objects that a baby could swallow or fit completely into his/her mouth out of reach.
Babies are helpless in water.	Supervise infants at all times during bath-time, regardless of interruptions.
INFANTS 6 to 18 months	
Developmental Characteristics	**Guidelines**
Everything that a baby can see is exciting and interesting to him/her.	Give babies freedom in protected areas that are supervised closely by an adult. Gates placed at doorways and stairs help prevent babies from wandering or falling into unsafe places.
Babies use their index fingers to explore things and find out about them.	Tape or neutralize unused light sockets and electrical outlets. Place breakable items out of reach. Lock drawers and cabinets that contain hazardous items.
Babies like the challenge of exploring objects that are above their eye-level.	Lift the infant to satisfy his/her own curiosity about objects above eye-level.

Table 8.1

TODDLERS 18 months to 3 years	
Developmental Characteristics	**Guidelines**
Toddlers can turn doorknobs and open cabinets and storage areas. They can easily find their way into closets and pantries.	Store items, such as paint, turpentine, cleaning fluids, paint thinner, and all drugs and medicines, in upper cabinets and on upper shelves out of reach of children. Inexpensive attachments are available which prevent most toddlers from opening drawers, doors, and cabinets. Lock doors that lead to dangerous areas (such as second story landings, construction sites, and traffic) to keep children from dashing through unexpectedly and getting hurt. Remove or lock the doors of old refrigerators, closets, and cabinets that are large enough for small children to crawl into.
Toddlers like to experiment. They like to take things apart and put them back together.	Let toddlers play with pots and pans, blunt scissors, empty cardboard boxes, and large spoons which can be handled safely. Keep sharp pointed scissors, knives, forks, heavy tools, and electrical appliances out of reach.
Toddlers use climbing as a major activity, but they cannot judge the safety of heights. They have difficulty sitting still and can move quickly.	Lock windows or put screens and window guards on to prevent children from falling out. In a moving vehicle, such as a car or a bus, lock and secure all doors to prevent toddlers from opening them. Use safety belts to keep toddlers seated. Some states have laws regarding the use of child restraint seats and seat belts for children of different ages. Follow state laws carefully when transporting children. Close adult supervision and quiet activities are needed to help keep children still when in a moving vehicle.
Toddlers enjoy playing in water.	Areas, such as ponds, pools, and water basins, should either be fenced, covered, or empty when not in use. Teach toddlers to respect water and its depth. Adult supervision is vital.

➪ *Table 8.1, cont'd.*

PRESCHOOLERS 3 to 4 years	
Developmental Characteristics	**Guidelines**
Preschoolers can understand simple verbal directions. They can also understand the reasons for safety rules. An example of a safety rule for preschoolers is keeping toys out of walking areas so that others do not trip over them. Preschoolers get excited easily and sometimes forget safety rules.	Be patient with preschoolers. Remind them about directions and safety rules. Preschoolers will not resent being reminded many times.
Longer attention spans allow preschoolers to do interesting manual tasks for 10 to 20 minutes. By age four, many preschoolers enjoy building simple objects using tools.	When preschoolers practice fine motor skills, such as cutting, gluing, and coloring, supervise closely. Focus on good safety habits through examples and explanations.
Preschoolers like to be helpers and group members. They enjoy doing simple, helpful tasks.	Encourage preschoolers to help with tasks. Be patient with them. Spills and other accidents occur since eye-hand coordination is not well developed. Avoid allowing preschoolers to carry glass containers and sharp or heavy objects.
Preschoolers enjoy running and doing activities with the whole body. They begin to show more self-control. By age four, preschoolers have the ability to move in large areas of space quickly.	Keep heavy traffic areas free of objects or floor coverings that children can trip over easily while running or playing. Supervise in play areas where running and other forms of play occur.
Preschoolers are often in a hurry. They hurry up and down stairs, in and out of doorways, and through halls.	Encourage children to use handrails on stairs. Caution children about hurrying while indoors.
Since preschoolers have increased motor skills, they enjoy riding toys with wheels.	Preschoolers are old enough to understand where to ride their toys and where not to ride their toys. If they forget, remind them and explain the reason for riding only in certain areas. Reinforce safety rules.
Preschoolers like to play with each other. They tumble and climb together, and they push and pull each other. They also like to share large riding toys.	Large toys should be large enough to hold the weight of at least two children. Supervise children when they are playing together.

⇦ *Table 8.1, cont'd.*

Chapter Highlights

- ☆ Accidents are the major cause of injury and death among young children.
- ☆ Planning and maintaining safe surroundings is critical. This is accomplished by following safety regulations, continually monitoring environment, and teaching safety information appropriate to their ages.
- ☆ Various groups that influence safety regulations in child care centers include local and state governmental agencies, funding agencies, insurance companies, and the legal profession.
- ☆ Safe indoor and outdoor environments for young children require careful planning and constant checking.
- ☆ Hazards should be eliminated, such as those that could cause burns, electrical shock, or fire; suffocation, drowning; poisoning; cuts; and falls.
- ☆ Transportation safety is an important concern for child caregivers. Each center should make and follow a plan for the safe arrival and departure of children.
- ☆ In order to plan and maintain a safe environment, caregivers need to know which activities are typical of children at different ages. This information is also needed in teaching children safety practices.

Chapter 9

Health and Safety Procedures in Child Care

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3A Observe screening and other health assessment techniques.

3B Describe effective methods of recording health-related information.

3E Practice techniques that promote good health and safety in young children.

3F Describe appropriate methods of administering and storing medications.

6C Demonstrate safe and sanitary food handling practices.

7D Set up guidelines for assisting children with routine activities.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

cross-contamination
foodborne illness
health assessment
health history
health observations
hygiene
immunization
incidental learning
neurological
nutrition
obesity
psychological
salmonellosis
sanitation
screening tests
staphylococcus

An important part of a quality child care health program is detection and prevention of illness and injury. To accomplish this, child care programs should set guidelines and staff members must follow correct procedures. These procedures include screening and other health assessment methods and good health and hygiene practices. ***Health assessment*** is the overall process of evaluating health strengths and needs. Children should be referred to health professionals when specific needs are identified. Quality child care programs will include a health education program and maintenance of accurate health records.

HEALTH ASSESSMENT TECHNIQUES

Besides watching for obvious signs of illness, child caregivers must be aware of other possible health problems which children may have. These problems may be physical, ***psychological*** (mental, emotional, social, behavioral), or ***neurological*** (affecting the nerves and the nervous system).

Screening tests and other methods are used to determine the health of a person. It is very important to detect any progressively severe illnesses which can be treated or stopped in their early stages. There should also be concern about diseases that spread easily in group child care settings.

Screening

Screening tests are examinations done to detect specific health problems. Screening is used to help detect illnesses in their early stages or identify people who may have specific disorders. State health rules may require screening tests for specific age groups. For example, a state may require that all five-year olds enrolled in child care be given vision and hearing screening tests.

A screening test, by itself, does not confirm that a person has a certain disease or condition. Although they are usually very accurate, screening tests, like all tests, are subject to error. Further examination by a health expert is necessary for a final diagnosis to be made.

Common screening tests that may be given in child care settings are hearing, vision and developmental. Screening may also be conducted for lead poisoning, specific developmental disorders, and dental problems. Child care directors, teachers, caregivers, and volunteers may be trained to administer screening. The teacher or caregiver should measure and record each child's height and weight at certain times, usually twice a year. In some states, the health department requires specific screenings for children enrolled in group care.

Written permission should be secured before screening tests are administered at a child care center. Some parents prefer that their child not be tested, or they prefer to have screening done at another time. A child care center could be held liable if tests are conducted on children without parental permission.

Other Health Assessment Methods

Screening is just one type of health assessment. Usually, group screening tests for a certain disorder are conducted only once a year. If a possible disorder is noticed using other health assessment methods, a child may be referred for private screening or medical

examination. Other health assessment methods include health histories and health observations.

A ***health history*** is an up-to-date written account of all events known to affect a child's health in the past. A child's health history should include information about the health of family members and of the child. Licensing standards usually require that a child care program acquire a health history for every child at the time of enrollment. The health history becomes part of the child's health record to be kept on file at the center. Details of the health history will be discussed in regard to maintaining health records.

Health observations involve child caregivers watching children carefully in order to notice any possible disorders, delays, or illnesses. Caregivers should always share any concerns about possible health problems they observe with their supervisor or a health professional who works at the child care center. The following observation checklist can be used by a teacher to keep track of a child's health status:

- **general appearance**: weight change (gain or loss), fatigue, excitability, skin color, size for age group, posture, body tenseness
- **scalp**: itching, sores, cleanliness
- **face**: general appearance, expression (e.g., fearful, anxious, happy), color
- **eyes**: redness, tearing, puffiness, coordinated eye movements, sensitivity to light, squinting, frequent rubbing, sores
- **ears**: drainage, frequent earaches, confused looks, or inappropriate responses
- **nose**: runny discharge, sneezing, deformity, frequent rubbing, congestion
- **mouth**: cavities or malformations of teeth, redness, spots or sores, malformation on inside of mouth, mouth breathing
- **throat**: enlarged, red or infected tonsils, or red throat with or without white spots
- **neck**: enlarged glands
- **chest**: wheezing, rattles, labored breathing (shortness of breath), frequent coughing with or without other symptoms
- **skin**: color, rashes, scratches, bumps, bruises, unusual scars
- **speech**: clearness, appropriate for age, substitution of letter sounds, stuttering, monotone voice
- **arms and legs**: equal length, straightness, posture, coordination, toes pointing in or out, bowed legs
- **behavior**: level of activity, alertness, amount of cooperation, appropriate for age, appetite, sleep habits, irritability or excitability, motor skills

It is important to remember that parents, not caregivers, make the final decisions about their child's health. Health professionals determine what disease or health problem a child may have and suggest what should be done about it. A child's teacher has the opportunity to see a child regularly for several hours each day. The teacher or other caregivers may be able to notice possible health problems which others may not detect. It is important for caregivers to work cooperatively with parents in carrying out the treatment prescribed by the health professional.

◆ ***Essential Questions:*** ◆
Health Assessment Techniques

1. What is the purpose of screening tests?
2. What are five screening tests that might be used in a child care center?
3. What are two health assessment methods other than screening tests?

BEST COPY AVAILABLE

CREATING A HEALTHY CHILD CARE ENVIRONMENT

Creating a healthy classroom environment is the best way to fight illness in a child care setting. Health assessment is one important step in prevention of illness. Other important procedures include classroom climate control, appropriate dress for children, sanitation practices, good nutrition, and immunizations.

The classroom's physical climate affects the health of children. Well-lighted rooms and activity areas prevent eye strain and make all activities more pleasant. Rooms should be kept at the right temperature for the activities of the children. Temperatures that are too warm or too cool may contribute to certain illnesses, particularly upper respiratory illnesses. In dry climates or in winter, humidity can be added to the air to increase the comfort level. In humid climates, moisture may be removed through the heating and cooling system.

Good ventilation is also important. Children and caregivers may become drowsy in rooms with poor air circulation. As a result, children may have behavior problems. Doors and windows should be opened for fresh air when the weather permits. When possible, children should play outdoors each day, even if only for a short period of time.

Group size and control also affect health. Close contacts among children should be limited by controlling the number of children seated at tables or playing in each area. During nap times, children should be placed on their cots or rugs in a head-to-foot arrangement to prevent them from breathing in each other's faces.

Appropriate Dress for Children

Children's clothing should be selected to provide comfort within the physical climate of the child care center. Temperature levels in a child care center may be very different from

temperature levels in homes. Parents may need special instructions about dressing their children for indoor and outdoor activities at the child care facility.

Children's clothing should be comfortable, durable, and washable. Children should not fear "punishment" for getting their clothes soiled either from toileting accidents or from their normal activities. To prevent this problem, parents should provide an extra set of clothing to be kept at the child care center. This clothing is available in case of accidents. Each piece of clothing should be marked with the child's name and kept in the child's cubbyhole with other personal items.

Each child's clothing should be chosen for the child's level of development. This means that children should be encouraged to dress and undress themselves when they develop the physical and mental ability to do so. The best way to help them with this skill is to provide clothing that they can manage easily. For example, a design, picture, or pocket could mark the front of the garment and a garment tag could mark the back. Fasteners, such as buttons or zippers, should be absent or large enough for the children to manage. Young children who are being toilet trained need soft elastic waistbands that they can manage quickly and easily.

It is very important to watch children's shoe sizes because children's feet may grow very quickly over a short period of time. Shoes that are too small or too large can restrict physical movement, cause the child to trip easily, and harm the normal growth of the child's feet. Children also need shoes with closures which are easy for them to manage.

Sanitation Practices

Sanitation refers to actions taken to protect people from disease. Sanitation practices relate to cleanliness and stopping the spread of germs.

Personal Sanitation Practices. The following personal sanitation practices will help keep germs from spreading in a child care center. Of these practices, frequent handwashing by children and caregivers is the most important. Caregivers should wash their hands upon arrival at the center, before touching food, after diapering a child, after wiping a child's nose, after any messy job, and after going to the bathroom. To make sure hands are free of germs, do as follows:

- Use soap and warm running water.
- Rub hands vigorously while washing.
- Wash the back of hands, wrists, between fingers, and under fingernails well.
- Rinse hands well. Leave water running.
- Dry hands with a disposable paper towel.
- Turn off water using a paper towel instead of bare hands.
- Use disposable tissues (not handkerchiefs) for runny noses. Throw away each tissue immediately after use by putting it in a proper trash container. Do not leave used tissues lying around. Do not put them in your pocket. Wash hands after disposing of the tissue.
- See that children use their own labeled washcloths, towels, toothbrushes, sheets, blankets, and cots. Best practice involves using disposable washcloths and towels.
- Remove soiled clothing or bedding quickly and place it in the proper container. Do not leave it lying around. Sanitize the mattress or sleeping pad after removing the soiled linens.
- Turn your head away and cover your mouth when coughing or sneezing. Use a tissue if you can. Teach the children to do the same.
- Keep sick children away from others. (Review licensing standards for regulations.)
- Caregivers must report any illnesses or infections that children have to the director. The director will decide whether or not the caregiver should be near the children.
- Practice good personal ***hygiene*** (cleanliness). Keep your body, hair, nails, and clothing clean and neat. Wash your hands frequently as instructed above.
- When caring for children with highly contagious diseases, disposable plastic or rubber gloves are often necessary, especially if a caregiver comes in contact with bodily fluids (blood, urine, feces, etc.). Even when disposable gloves are worn for such tasks, hands should be washed carefully after removal of gloves.

Sanitation Checkpoints

Cleanliness is important for all areas and equipment in a child care center. However, three areas are especially important for prevention of disease. These areas are the bathrooms, the crib and diapering area, and the food preparation and service area.

Bathrooms. Children need clean areas for brushing teeth, toileting, and washing. The bathroom areas should be well ventilated, and furnishings should be in good operating condition. Warm, but not scalding, tap water and soap should be available for handwashing. The washing and toileting fixtures should be scrubbed with detergent and water and disinfected with sanitizing solution daily. An appropriate sanitizing solution is a mixture of two tablespoons of liquid chlorine bleach and one gallon of tap water.

Crib and Diapering Area. The crib area must be kept clean. All furnishings must be washed each day with detergent and water and wiped with a cloth dipped in a sanitizing solution. Toys must be dipped in a sanitizing solution and allowed to air dry at the end of each day or whenever a child puts a toy in his or her mouth.

The diapering area is a dangerous area for the spread of germs. Infants and toddlers should be diapered on a disposable surface that is thrown away after each use. Disposable surfaces include squares of any type of clean paper or commercial disposable pads made for use in diapering. The diapering area should be separate from the feeding area. The diapering area also should be near a sink. While disposable gloves are helpful, it is still important that caregivers wash their hands after each diapering to prevent spreading disease.

Food Preparation and Food Service Area. The food preparation and service areas of a child care center should be cleaned daily. The best sanitary methods and equipment should be used to clean all eating and drinking utensils. Workers who prepare or serve any foods to children should follow sanitation practices to prevent foodborne illnesses. A ***foodborne illness*** is any disease that is carried, or transmitted, to people by food.

The two foodborne illnesses that are most common and could occur in child care are ***salmonellosis*** and ***staphylococcus*** food poisoning. Information about these two diseases is shown in Table 9.1.

Salmonellosis, staphylococcus, and other foodborne illnesses can be prevented by following the rules given below.

- Always work with clean hands. Wash hands thoroughly with soap and warm water after going to the toilet and after handling raw food or any other object that might possibly be dirty or contaminated.
- Avoid touching hands to face, mouth, or hair while preparing or serving food. Keep hair in place with a hair covering. Tie hair back if it is long. Protect food and hands from coughs and sneezes. Wash hands well after coughing, sneezing, or using facial tissue.
- Do not use cooking or serving utensils to taste food.
- Do not work in any area of food preparation or service when you have an infected wound, boil, respiratory infection, or other communicable disease.
- When cooking food, make sure that heat gets to all parts of the food.
- Clean all kitchen equipment thoroughly with soap, hot water, and sanitizer.
- Prevent contact between raw and cooked foods. Such contact can cause ***cross-contamination,*** which means bacteria is transmitted from one food to another food. The foods can come into contact with each other through the cook's hands, equipment,

TWO MAJOR FOODBORNE ILLNESSES

	Salmonellosis	Staphylococcus (Staph)
Bacteria	*Salmonella*	*Staphylococcus aureus*
Causes Illness Within	6 to 48 hours	1 to 6 hours
Symptoms	Abdominal pain, headache, nausea, vomiting, fever, diarrhea	Abdominal pain, nausea, vomiting, diarrhea
Where the Bacteria Can Live	Domestic (especially turkeys & chickens) and wild animals; also humans	Human beings: skin, mucous membranes of nose, throat; infected sores; also animals
Foods Involved	Meat, meat products, meat and poultry salads, egg custards, and other protein foods	Improperly prepared custards, creme-fillings pastries, dairy products, potato and other salads, warmed-over foods, meat, poultry, and many other protein foods
Prevention	Good personal hygiene, avoid fecal contamination from unclean food handlers and unsafe operating practices, eliminate flies and rodents (such as mice)	Cleanliness, sanitary habits, proper heating and refrigeration, no food handling by infected people

Table 9.1

or cooking utensils. Wash any equipment or utensil thoroughly before using it to prepare a second food.

- Avoid keeping food between 41˚ and 140˚F. Bacteria can grow or survive in this temperature range. Hot foods should be served hot. Cold foods should be served cold. Hot foods should be heated to a temperature of at least 165˚F.
- When refrigerating or freezing food or leftovers, place them in small containers so the temperature will drop as quickly as possible. Refrigeration temperature should be 41˚F or lower.
- Thaw frozen foods in the refrigerator. Use thawed foods immediately or cook them as quickly as possible.
- Serve hot foods as soon as possible after they are cooked.

Many cities have ordinances and health departments that provide guidelines for food preparation and service areas. The city or county may also require that food service areas be inspected on a regular basis. It is the director's responsibility to know the regulations and provide appropriate training for kitchen personnel and caregiving staff.

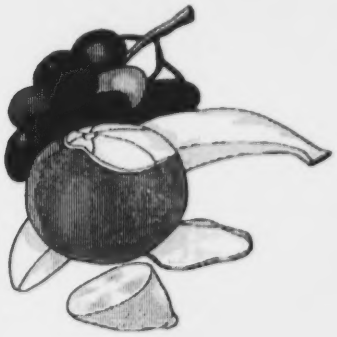
Nutrition

Nutrition includes the food eaten and the way the body uses it. Children need nourishing (nutritious) food to keep their bodies healthy. A very young infant is nourished only by liquids but still needs a balanced diet. Mother's breast milk and prepared formulas provide the necessary nutrients for infants.

A balanced diet includes the basic nutrients: proteins, carbohydrates, fats, vitamins, and minerals. Water is also important to a child's diet. The so-called "junk foods" (foods that contain little or no nutritive value, such as soft drinks and candy) should not be served in child care settings. Foods high in salt and fat should also be avoided.

Children can meet their nutrient needs by eating a variety of foods from The Food Guide Pyramid. The Food Guide Pyramid for Young Children and daily requirements for young children (six years of age or less) are listed in Chapter Twenty-six.

The child care center should attempt to meet that part of a child's daily nutritional needs not met at home. State licensing regulations will list minimum standards based on the hours per day the child is in child care. The director or food service manager of a child care program is responsible for planning nutritious meals and snacks.



Children who do not eat properly often lack the energy to engage in active play. They may be quiet, withdrawn, or seem to not care about many activities. They become ill more easily than other children and stay sick longer than well-nourished children. Poorly nourished children may be prone to injuries or accidents. They may be less alert and slower to react because of low blood sugar.

Abnormal conditions caused by poor nutrition are hard to recognize unless they are extreme. However, some symptoms that may indicate poor nutrition are as follows:

- a loss of weight or lack of growth
- severely decayed teeth
- bleeding of the gums and bleeding under the skin
- irritability, sluggishness, tiredness, and puffiness of the face, arms, and legs
- complaints of a sore, burning tongue, or cracks in the skin at the corners of the mouth
- bowed legs, large lumps at the end of the ribs, or a square shape to the head
- an unusually large appetite while at the child care center

Obesity (being extremely overweight) is another nutritional problem among some young children. An obese child may be slower, less coordinated, more accident-prone, and subject to teasing by other children. In each of these situations, the child's physical, emotional, and social well-being may be affected. Genetic factors, severe emotional stress, or physical damage to specific parts of the brain, may contribute to obesity in children. However, in most cases, obesity results from consuming too much "junk food" or an excess of food while getting too little physical exercise.

Many factors influence children's food likes and dislikes and how much they eat. Child care practitioners responsible for planning and implementing nutrition programs (including education programs) for children should be aware of these circumstances. They may include the following:

- **Cultural and ethnic customs** – Families who originally came to the United States from northern Europe may consume large amounts of milk and milk products. Some Puerto Rican families may eat rice and not drink milk. Some Mexican-American families may eat corn and beans rather then drinking milk and eating different

vegetables. These are examples of cultural and ethnic customs that influence children's eating patterns.

- **Family income** – High-income families may buy more meats, dairy products, fresh fruits, and vegetables than low-income families. Low-income families may buy more starchy foods and fatty cuts of meat.
- **Family environment** – Because of the family environment, a child may develop poor eating habits, anemia, dental cavities, lack of appetite for nutritious food, or become overweight if allowed to eat anything at any time. In an unsanitary home environment, the child may be ill frequently with vomiting and diarrhea.
- **Societal influences** – Social, technological, and economic changes in society have influenced the popularity of fast foods, take-out foods, and pre-prepared foods of all kinds. Advertising encourages children to want these types of foods. The favorite meal for many children is "hamburger, fries, and a soft drink."
- **Health status** – The state of the child's health affects the child's nutrition. An ill child may need extra nutrients in order for the body to heal, may not have a hearty appetite, or may not adequately digest food.

Immunizations

Some communicable diseases are preventable through immunization. ***Immunization*** is a process in which a very small amount of a particular disease germ (mumps, for example) is injected into the bloodstream so that the body begins to produce the type of antibodies to fight the germ. Immunization takes advantage of the body's ability to develop its own defenses against disease.

Children from one to four years of age should be immunized against hepatitis B, diphtheria, tetanus, whooping cough (pertussis), measles, rubella (German measles), mumps, polio, chicken pox (varicella), pneumococcal conjugate (pneumococcal disease includes meningitis, blood infections, ear

infections and pneumonia), and H. influenzae type b (meningitis - Hib). In some areas, children may be required to be immunized against hepatitis A. Children enrolled in child care programs are at high risk because of their close contact with other children. It is important for immunizations to begin on schedule (as recommended by the child's physician) and continue until completed. State child care licensing standards specify the immunizations that are required at a certain age. The immunization schedule currently recommended is shown in Table 9.2.

The parent, not the caregiver, is responsible for seeing that the child is immunized. State licensing standards require parents to show proof of immunization before a child can be enrolled in a child care center. Immunization records must be included in the health record kept on file for each child enrolled in child care. Teachers may remind the parents of immunization timetables and refer the parents to a public health clinic where immunizations are often given without charge

Minimum Vaccine Requirements in Texas

Age	Vaccine Requirement
Younger than 2 months	No vaccines required
2 months through 3 months	One dose polio vaccine One dose Diphtheria, Tetanus, and Pertussis (DTP/DTaP) vaccine One dose Haemophilus influenzae Type B (Hib) vaccine
4 months through 5 months	Two doses polio vaccine Two doses Diphtheria, Tetanus, and Pertussis (DTP/DTaP) vaccine Two doses Haemophilus influenzae Type B (Hib) vaccine
6 months through 11 months	Two doses polio vaccine Two doses Haemophilus influenzae Type B (Hib) vaccine Three doses Diphtheria, Tetanus, and Pertussis (DTP/DTaP) vaccine
12 months through 14 months	One dose Measles, Mumps, and Rubella (MMR) vaccine received on or after 1st birthday Two doses Haemophilus influenzae Type B (Hib) vaccine Three doses polio vaccine Three doses Diphtheria, Tetanus, and Pertussis (DTP/DtaP) vaccine One dose of varicella vaccine (Chicken pox) received on or after 1st birthday
15 months through 4 years	One dose Measles, Mumps, and Rubella (MMR) vaccine received on or after 1st birthday One dose Haemophilus influenzae Type B (Hib) vaccine on or after 15 months of age, unless a primary series and booster have been completed Three doses polio vaccine Four doses Diphtheria, Tetanus, and Pertussis (DTP/DTaP) (Fourth dose not required until 18 months) One dose of varicella vaccine (Chicken pox) received on or after 1st birthday
5 years through 6 years	Three doses polio vaccine including one received on or after the 4th birthday Four doses Diphtheria, Tetanus, and Pertussis (DTP/DTaP) vaccine including one received on or after the 4th birthday One dose Measles, Mumps, and Rubella (MMR) vaccine received on or after the 1st birthday and one additional dose of measles vaccine (this dose may be received as part of a second MMR) Three doses hepatitis B vaccine (Children living in 32 border counties) Two doses hepatitis A vaccine Children born on or after September 2, 1994 must have one dose of varicella vaccine (Chicken pox) received on or after 1st birthday
7 years through 11 years	Three doses polio vaccine including one received on or after 4th birthday Three doses Diphtheria, Tetanus, and Pertussis (DTP/DTaP/Td) vaccine including one received on or after 4th birthday and one dose within the last 10 years One dose Measles, Mumps, and Rubella (MMR) vaccine received on or after 1st birthday. Children born on or after September 2, 1991 must have two doses of measles vaccine (this dose may be received as part of a second MMR) Children born on or after September 2, 1992 must have three doses hepatitis B vaccine (Children living in 32 border counties) Children born on or after September 2,1992 must have two doses hepatitis A vaccine

➪ *Table 9.2*

Age	Vaccine Requirement
12 years and older	Children born between September 1, 1978 and September 1, 1991 (inclusive) must show proof of two doses of Measles vaccine within 30 days after their 12th birthday (this dose may be received as part of a second MMR) Children born between September 2, 1988 and September 1, 1992 (inclusive) must show proof of three doses of hepatitis B vaccine within 30 days after their 12th birthday Children born between September 2, 1988 and September 1, 1994 (inclusive) must have one dose of varicella (Chicken pox) vaccine received on or after 1st birthday within 30 days after 12th birthday

Source: Texas Department of Health, Immunization Division, 2000.

➪ *Table 9.2, cont'd.*

◆ ***Essential Questions:*** ◆
Creating a Healthy Child Care Environment

1. How do indoor lighting, temperature, and ventilation affect a child's health?
2. What is appropriate dress for children in child care? How should their age and level of development affect clothing choices?
3. What are six personal sanitation practices that will help prevent the spread of germs?
4. What is one example of a cleaning procedures for the bathroom? the crib and diapering area? the food preparation and service area?
5. What part can the child care center play in helping children eat nutritious meals and snacks?
6. What are some common communicable diseases that can be prevented through immunizations?

BEST COPY AVAILABLE

HEALTH EDUCATION

Health education is important in helping children protect and improve their health. A child care health education program should begin with training for child care practitioners and should involve the parents, as well as the children. Teachers and parents must work together to teach children the basics of good health. Young children are eager to learn. Health habits and attitudes learned early in life are usually long-lasting. The following topics should be addressed when teaching children about good health:

- personal cleanliness
- nutrition
- dental hygiene
- sleep and rest
- body awareness
- good posture
- play and exercise
- dressing for the weather
- feelings and emotions
- self-image
- interactions with others

Caregiver Example

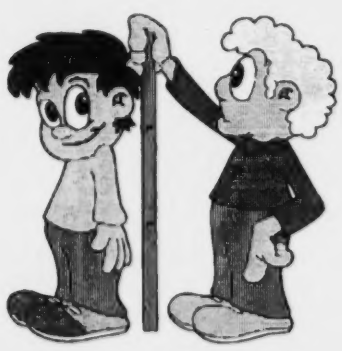
Caregivers teach children good health habits by example. Caregivers should not only model the health behaviors they expect young children to learn, but should also explain the reasons for their actions. Caregivers' bodies,

hair, nails, and clothing (including shoes) should be clean and neat. Hair should be cut, tied back, or clipped so it does not get in the eyes or in the way when working with children. Fingernails should be trimmed, clean, and short in order not to scratch children by accident and spread germs. Caregivers should be dressed for the weather conditions and for the indoor temperature of the center. Most importantly, caregivers should wash their hands frequently and should properly dispose of tissues used for covering coughs and nose blowing.

Planned Activities

Activities can be planned to help children learn the basic rules of good health. For example, reference to brushing teeth, eating good food, washing hands, and covering coughs and sneezes with a tissue can be made in story or music time. Doctor's and nurse's play equipment and caregiver guidance about good health practices can be provided in the dramatic play center. Cooking experiences can include learning about the kinds of foods needed for good health and the importance of cleanliness when handling foods and utensils.

A growth chart and scales for weighing children will show children they are growing. Videos, puppets, activities, and other materials can be used to help children learn to practice good health habits.



Incidental Learning

Incidental learning is learning that is not planned. It occurs as a result of circumstances. In incidental learning, the caregiver takes advantage of "teachable moments." For example, if two or three of the children have coughs, all the children in a group can be given tissues to practice covering their mouths as they "cough," disposing of the tissues properly, and washing their hands. If a child is concerned about a family member going to the hospital for surgery, the teacher can use that moment to talk about hospital visits and provide dramatic play opportunities about hospital procedures.

◆ Essential Questions: ◆
Health Education

1. What areas of health education should caregivers stress?
2. Why is it important for caregivers to be good role models?
3. What are three types of planned activities that can be used to teach health practices?
4. How can caregivers use incidental learning to teach children about health?

HEALTH RECORDS

Accurate and accessible child care health records are important for the following reasons:

- to provide the best possible health and emergency care for children
- to fulfill licensing requirements
- to protect child care programs and child care employees from liability

The director of a child care program is responsible for developing and maintaining a health record system. Employees should be

informed about how and when to use the system.

Permanent health records should be kept on file at the child care center for every child enrolled. For the protection of the center and as a source of information for parents, health records should generally be kept on file for five years following the child's last attendance at the center. Health records contain privileged information that should be made available only to staff members who are directly involved with the child. Parts of the active records must be made available for evaluation by licensing inspectors. Information from the health records should not be shared with anyone else without first getting written permission from the child's parents. The director of the child care center should contact parents to get written permission. Child care health records should contain the following information:

- complete child and family health history
- a copy of a recent physical examination
- immunization records
- emergency information
- dental records
- parent's written request for giving medicine to a child
- directions for giving medicine
- records of names of medicines given; date, time, and amount given; and name of staff administering the medication
- summaries of parent conferences related to the child's health, nutritional status, safety, or special needs
- parent's signed permission form for screening tests given at the center
- results of screening tests
- recommendations made to parents as a result of screening tests
- records of all accidents and injuries, regardless of their seriousness
- detailed health records regarding handicapped children, children with chronic illnesses, and children with progressive diseases

If possible, one person should be responsible for all health records. This person is often the director in a small center or the secretary in a larger center. Records should be current. All entries should be dated and expressed clearly. Caregivers should include their observations, findings, concerns, and communications with parents in order to make these records complete.

◆ Essential Questions: ◆
Health Records

1. What are three reasons to keep accurate child care health records?
2. What are ten items of information a child's health care record should include?
3. What is the responsibility of the child care director in regard to health record keeping?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Screening and other health assessment methods are important in order to detect progressively severe illnesses and conditions, which can be treated and stopped in the early stages.
- ☆ An important procedure for prevention of illness is classroom climate control. This includes proper lighting, adequate ventilation, and temperatures adjusted to children's needs.
- ☆ Clothing for children in child care should be comfortable, durable, washable, appropriate for the child's level of development, and suitable for both indoor and outdoor activities.
- ☆ Personal sanitation practices such as handwashing, isolating sick children, good personal cleanliness habits, and seeing that children use their own washcloths, towels, and toothbrushes contribute to cleanliness and stop the spread of germs.
- ☆ Child care centers should provide nutritious meals and snacks that help children to have a balanced diet. Caregivers should be able to identify obvious symptoms of poor nutrition.
- ☆ Immunizations help a child's body develop defenses against disease. Parents are responsible for seeing that the child is immunized to meet state licensing requirements.
- ☆ Caregivers should use planned activities, incidental learning situations, and modeling techniques to teach good health education to children.
- ☆ Accurate health records are important to a child care center in order to provide the best possible health and emergency care, fulfill licensing requirements, and protect the child care center and employees from liability.

Chapter 10

Handling Emergencies

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1A Analyze licensing and accreditation standards.
1D Identify the chain of command and responsibilities of each employee.
2A Evaluate safety and sanitation standards in a child care setting.
2B Practice emergency and evacuation procedures.
3B Describe effective methods of recording health-related information.
3D Utilize appropriate procedures for reporting accidents.
3E Practice techniques that promote good health and safety in young children.
12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

attention alert signal
caustic poisons
CPR
extinguish
fire extinguisher
first aid
immobilize
non-caustic poisons
shock
third degree burn
tornado warning
tornado watch

Training of child care practitioners and other staff must include health and safety, as well as emergency procedures. As a first step, most states now require first aid training and CPR certification before a person is employed as a child caregiver. Center directors should then provide further training which stresses how to use first aid techniques with small children. Directors should also provide written center policies and procedures for handling emergencies. These should be reinforced through staff training and practice sessions.

When working with young children, legal liability concerns cannot be overlooked. As

discussed in Chapter Three, child care centers and individual caregivers can be held legally liable if a child is injured due to caregiver neglect or inappropriate action. Once an emergency occurs, regardless of its cause, centers and caregivers may also be held liable if the emergency is not recognized and acted upon immediately or if emergency action taken causes further harm.

It is best for the center, the employees, and the children to have and follow strict emergency policies. The children enrolled in the center are safer because of the use of such policies. Following emergency procedures protects the center and its employees from possible legal actions that could result from carelessness. Caregivers must know what to do in case of fire, severe weather, or a medical emergency.

NONMEDICAL EMERGENCIES

Fire

A fire in a child care facility could result in a tragedy. For this reason, centers must comply with local fire codes. Fire emergency procedures should be approved by the local fire department and strictly followed. Child caregivers need to know how to report a fire, move children to safety, and ***extinguish*** (put out) a small fire. An escape route diagram should be posted by the door in each room.

Reporting a Fire. As a caregiver, never try to handle a fire emergency alone. The first step is to get help by notifying another caregiver. Getting help is important because it warns other caregivers of the fire and it brings more people to help handle the emergency.

While caregivers begin moving the children to safety, a staff member should be assigned to call the fire department. One or more caregivers may be assigned to take steps to keep the fire from spreading. All caregivers must act quickly, but they must act in a calm and reassuring manner to avoid panic. Getting the children and staff safely out of the building is top priority.

The emergency policies and procedures of the center should be followed. In a child care setting, call the fire department immediately. Treat any fire that cannot be put out in seconds seriously. A minute's delay could make the difference between minor injuries and death. If a smoke alarm sounds, respond to it as if it were a fire.

Fires may be reported by turning on the alarm in a fire alarm box or by using the telephone. Red fire alarm boxes may be located inside or outside buildings. If fire alarm boxes are used in your community, know the location of the nearest one and how to use it. The fire department should also be called if there is an explosion, toxic fumes, or other chemical release emergencies.

The fire department's telephone number should be clearly posted beside each telephone. It is also located inside the cover of the telephone book. If you cannot find the number, dial the local operator who will either connect you with the fire department or take the information and report the fire for you. Today in most communities, 911 can be dialed to report all emergencies including fires. When you report a fire, give the following information in the order listed:

- the address of the child care center
- the type of fire
- the location of the fire in the building
- the size of the fire
- the name of the child care center
- your name

Moving to Safety. All child care centers must have a plan for evacuating the building within three minutes in case of fire or other emergency. This plan should be approved by the local fire department. Fire drills should be held regularly, at least once a month. If possible, the planned exit route should not require walking through the kitchen since flammable items and equipment are stored there.

All exits should be clearly marked, unlocked, and free from equipment or clutter. A clear diagram of the evacuation route should be posted by each exit in each room. The diagram should show how to leave the building from that room. Alternate evacuation routes should also be planned and posted in case an exit is blocked by the fire.

All child care employees, including housekeepers, foodservice workers, and caregivers, should be familiar with the evacuation plan. They should also know their roles in carrying out the plan. Each lead teacher will have the main responsibility for evacuating the children in his or her care. If for some reason the lead teacher is absent or unable to assist, the substitute caregiver should know what to do. Other employees may be assigned to help carry infants from the building or to help keep the fire from spreading.

In evacuating the building, do not take chances by trying to save personal belongings. The first priority during a fire is to save lives. Only fire department personnel should reenter the building. Caregivers should watch for children in their care who might try to return to a burning building to get a personal item.

When evacuating children from the building, the following procedures should be observed:

- Know the signal or bell used to warn of a fire emergency.
- Have children stop what they are doing and gather quickly near the teacher. Teacher assistants should look for children in the bathroom and in other places where they might not be easily seen.
- Remind children of the importance of staying together as a group near the teacher.
- Count the children quickly before leaving the room and again outside.
- Do any tasks assigned to you before leaving the building. One staff member's assignment will be to pick up the day's class roll and the emergency file containing parents' names and telephone numbers.
- Lead the children to their assigned place outside, at least 200 yards away from the building. Keep the children in a group and watch them constantly. Keep an accurate count of the children. Comfort the children in a calm and reassuring manner. Protect children from the weather as best you can without exposing them to further danger.
- Do not release any child or any group of children to a stranger.
- After the emergency is over, do not reenter the building until clearance is given by the fire department and the center director.
- If relocation is necessary, follow the center's plan for relocation. Wait for instructions from the center director before beginning relocation procedures.

Responding to a Fire. In order to burn, a fire must have three ingredients: Oxygen + Fuel + Heat = Fire. Many materials can become fuel for a fire. These include paper, rags, food, flammable liquids (such as cleaning fluid or grease), wood, furniture, and plastics.

If the fire is small, such as in a trash can or a pan, you may be able to put it out without danger. Putting out a small fire may be the best way to protect the children as another employee is notified about the fire. To put out a fire, you must remove one of its three ingredients. Some ways of doing this include the following:

Remove the oxygen.

- If the fire is in a trash can or a pan, put the lid on it or pour baking soda on it. The fire will quickly use its remaining oxygen and die.
- Smother the fire with a fire blanket.
- Use a fire extinguisher which is the correct type for the fire.
- Drown the fire with water. Use water on paper, wood, wood shavings, and cloth. Never use water on grease, cooking oil, or electrical fires.

Remove the fuel.

- Turn off the breaker switch to stop fueling an electrical fire.
- Turn off the gas.
- Remove nearby flammable materials.

Remove the heat.

- Cool the fire with water (except for grease and electrical fires).
- Turn off the burner or heating element under a pan on the stove.

When you choose to extinguish or contain a small fire, be careful. Keep an escape route open so you can get out if the fire gets bigger. Do not reach over the fire to get baking soda or the fire extinguisher because you could get burned or catch your clothing on fire. In most cases, it is best to avoid fighting a fire yourself. Follow correct procedures for getting help from other caregivers and the fire department.

Using a Fire Extinguisher. A ***fire extinguisher*** is a portable container which holds water or chemicals for use in putting out a fire. It is designed to extinguish only a small fire. The higher the number rating on the extinguisher, the more fire it puts out. Numbers range from 1 to 240. High-rated extinguishers are often (not always) the heavier models.

Before a fire occurs, child care employees should know where fire extinguishers are located, for what type fire each extinguisher is suitable, and how to use each type. If this information is not known, however, a general rule is to use the fire extinguisher closest to the fire and follow the directions on the extinguisher. If properly located, the fire extinguisher closest to the fire is the most suitable for putting out the type of fire expected to occur in that area. For example, extinguishers suitable for putting out grease fires should be located in the kitchen near the stove; extinguishers suitable for putting out rubbish fires should be located where trash is collected. Small child care facilities may only have one multipurpose extinguisher. Caregivers should know its intended uses.

Fire extinguishers should be labeled for the class of fire for which they are to be used. The three types of fire are as follows:

- **Class A** – wood, paper, rubbish
- **Class B** – gas, grease, other liquid
- **Class C** – live electrical equipment

Traditionally, the labels A, B, or C have been used alone to identify fire extinguishers. Recently pictograms have come into use. The user may find the A, B, C labels or both the pictograms and the A, B, C labels on an extinguisher. Figure 10.1 shows the label and pictograms for each type of fire extinguisher.

Using the wrong type of fire extinguisher on a fire may make the fire worse. Common errors are using water (A) on a grease or electrical fire (B or C). A multipurpose dry chemical extinguisher labeled ABC puts out

most types of fires. A large kitchen may be equipped with a combination BC extinguisher.

To remember how to use a fire extinguisher, think of the word "PASS" and follow these general directions, being sure children are a safe distance away.

1. **PULL** the pin. Some units require the releasing of a lock latch, pressing a puncture lever or other motion.

2. **AIM** the extinguisher nozzle (horn or hose) at the base (bottom) of the fire.

3. **SQUEEZE** or press the handle.

4. **SWEEP** from side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for reflash of the fire and reactivate the extinguisher, if possible. Some fire extinguishers are not designed for reactivation.

Chemical and water extinguishers are used differently. Read the instructions on an extinguisher before you use it. Always have an extinguisher checked and serviced by a professional annually and after each use.

Some large child care centers may have an automatic system for fire extinguishing to prevent a major fire disaster. Automatic systems are checked regularly by the local fire marshal. In general, child care employees have no responsibilities for turning these systems on or off or for maintaining them.

LABEL	PICTOGRAM	TYPE OF FIRE
A		**Ordinary Combustibles** Fires in paper, cloth, wood, rubber, and many plastics require a water type extinguisher labeled A.
B		**Flammable Liquids** Fires in oils, gasoline, some paints, lacquers, grease in a frying pan or in the oven, solvents and other flammable liquids require an extinguisher labeled B.
C		**Electrical Equipment** Fires in wiring, fuse boxes, energized electrical equipment and other electrical sources require an extinguisher labeled C.

Figure 10.1

Weather or Disaster Emergencies

Child care centers should plan for weather-related emergencies and other disasters as part of their overall safety program. Center directors should identify the weather emergencies most likely to happen in the area and make plans for dealing with each. Weather-related emergencies likely to affect child care centers include thunderstorms, flashfloods, lightning, tornados, hurricanes, blizzards, and earthquakes. Children should be reminded that teachers will stay with them during any disaster until their parents come for them. They should be cautioned to stay with the teacher and not to run away. Plans should also be made for children in case of toxic leak or spill disasters.

Parents should be assured that children will be cared for by the teachers according to the emergency plans for the center. Emergency plans should be clearly communicated (verbally and in writing) to the parent when the child is enrolled.

Weather Alerts. For any type of severe weather, it is important for the center director to stay aware of what is happening. The most common sources of information are news and weather reports on local radio and television stations. A National Weather Service weather radio can be purchased to provide twenty-four hour weather reports, weather watches, and warnings.

An attention alert signal is used in some communities to alert the public to fire or storms. An ***attention alert signal*** is a three to five-second, steady high-pitched tone. It means that action is required. Learn how such signals are used in your community. Knowing the signal's local meaning will help caregivers respond correctly. In many places, the signal means that you should tune to a local TV or radio station broadcast for information. In a large child care center, teachers will probably depend on the center director to notify them of important weather information. Caregivers should assume that all automatic signals are real alarms and not notification of "drills."

Relocation Plans. Some emergencies, such as an impending tornado, hurricane, or flood, may require that children be taken from the building to a safer location. Toxic leaks and spills may also force relocation. Relocation plans should be carefully made with local safety authorities before emergencies. All caregivers should understand the plans and be aware of action to take. Relocation plans should also be clearly communicated to parents. For some emergencies, the relocation site may be a different location in the same building.

An important part of any relocation plan is for caregivers to take emergency files with them. The files should contain the names, addresses, and telephone numbers of parents and other people who can be contacted regarding each child. During most weather emergencies, the children will be kept at the child care center. Special precautions must be taken for each type of emergency.

Thunderstorms and Lightning. Thunderstorms and lightning usually frighten children. Caregivers should calm children by remaining calm themselves. A simple explanation of what is happening will help reassure children.

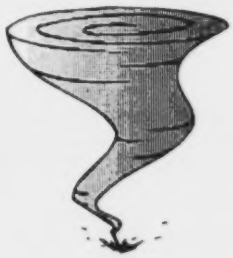
During severe storms, the dangers include high winds, hail, and lightning. Children should never be allowed outside when these conditions exist. Children should also be kept away from windows and metal equipment.

Flash flooding may occur during a thunderstorm or when there is heavy rain. Caregivers should remain calm, and parents should be reassured that the children will be well cared for. The center should be prepared to serve additional meals and provide evening or all night care in the event that parents cannot get to the center to pick up the children at the end of the day.

Tornados. Tornados are threats in many parts of the country. They may or may not be accompanied by rain. Some warning is usually given, but tornados may also strike suddenly. All child care employees should know the center's procedures for responding to a tornado.

The National Weather Service issues two types of reports on tornados. A ***tornado watch*** means conditions are such that tornados could develop. During a tornado watch, child care activities should continue as usual, with the center director staying alert for further information on radio and television. Teachers should be told quietly of the watch. They should be ready for evacuation or relocation, if necessary.

A ***tornado warning*** means a tornado has been visually sighted or detected by weather radar. Persons close to the storm should take cover immediately. If time permits, children may be evacuated to a nearby basement, cellar, or reinforced concrete building. It is usually best if the children are moved to the basement of the building they are in or into an interior hallway on the first floor. Whatever the plan, children should be kept away from windows. Caregivers should speak calmly as they instruct and comfort children. As with fire emergencies, an accurate count of the children should be kept at all times. Children need to be kept close to caregivers whom they know well.



Hurricanes. Hurricanes occur in coastal areas. Often entire cities will be given evacuation alerts. In most cases, warning is given in time for parents to pick up their children before the hurricane strikes. However, each child care program should have emergency plans in case a hurricane strikes suddenly or is more severe than predicted. The plans should include specific actions to be taken for evacuation or for protection within the building. These plans should be clearly communicated to parents prior to the emergency. Evacuation for a hurricane might require moving to a location several miles away. Parents should be told where children will be taken if a hurricane occurs.

Blizzards. Snow blizzards are most common in the northern part of the United States. They can occur without warning throughout most of the country. Areas in which blizzards are least expected are usually least prepared to deal with the emergency.

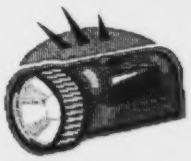
Traffic may come to a halt during a blizzard. Some parents may not be able to reach the child care center to pick up their children. Child care centers need to be prepared to keep children overnight, if necessary. Adequate food and warmth become the two greatest physical needs. Centers can prepare for these needs by keeping emergency food and blanket supplies. If the heat goes off, children should be grouped close together to take advantage of combined body heat.

Caregivers should not try to move the children to a new location during a blizzard unless local safety authorities advise to do so and assist with the relocation.

Earthquakes. Earthquakes usually occur without warning and last only a few minutes. The greatest danger is from falling objects. Parts of buildings may also crack and crumble. Children should be moved quickly to parts of the building that have the most structural support. The safest places are usually interior doorways, hallways, closets, bathrooms, and under sturdy tables. Aftershocks are common. For this reason, children should be kept close to the most secure parts of the building after the major shock is over.

Earthquakes can be very frightening experiences. Caregivers must remain calm and reassuring in order to calm children.

Interruptions in Utility Services. One common problem caused by both fire and severe weather is an interruption in utility services. Utility failure may occur as the result of other causes as well. Usually the interruption in utility services is only an inconvenience. However, in some instances it may be dangerous. For example, a broken gas main creates a sudden and serious emergency requiring evacuation. Flashlights or battery-powered lanterns may be used to provide lighting. Candles and kerosene lamps should not be used in a child care setting.



A diagram of the child care center with the location of the safety controls is helpful in times of emergency. All caregivers should know the locations of the following safety control devices and how to shut them off:

- gas main shutoff valve
- water main shutoff valve
- electric current circuit breaker
- heating unit shutoff switch

◆ Essential Questions: ◆
Nonmedical Emergencies

1. When reporting a fire, a caregiver should give the fire department or operator six items of information. What are they?
2. What procedures should be followed to evacuate children from the building during a fire or other disaster?
3. Where is the safest place to gather children in the child care center during a severe storm? a tornado? an earthquake?

MEDICAL EMERGENCIES

When children have accidents or symptoms of illness, they should receive immediate care. They should not be left alone. If possible, a familiar caregiver should stay with the child until the child can return to the classroom or until the parent arrives.

When a child becomes ill or is injured, a caregiver should notify the supervisor or a responsible staff person at once. While one caregiver stays with the sick or injured child, the center director or an assigned caregiver should call a doctor, an ambulance, and/or the parent. Caregivers should work as a team according to the policies and procedures of the center.

In addition to accidents, emergency situations can arise with children who have chronic health problems. Caregivers need to be informed about such illnesses as diabetes, allergies, and heart conditions. Prevention methods, such as special diets or regular rest periods, are very important for these children. Learn about the symptoms of an attack of the illness and the type of attention which is required.

If the decision is made to rush a child to the emergency room or to the doctor's office, call the doctor and notify the parent of the plan of action. Ask the parent to meet the caregiver at the emergency facility. The emergency medical authorization given to the center by the parent should be taken to the hospital or doctor's office by the caregiver. Tell the doctor all of the child's symptoms and the circumstances of the illness or accident. It is very important that the parent arrives quickly because many doctors and hospitals will not begin treatment of a minor (except in life threatening situations) without the parent being there. If time is not crucial to the child's life or recovery, call the parent first. The parent is responsible for transporting the child and for medical care given.

Using First Aid

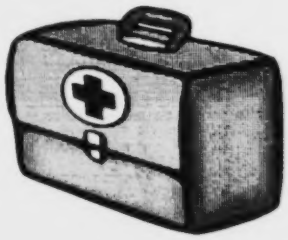
According to the American Red Cross, ***first aid*** is "the immediate and temporary care given to a person who has been injured or who has suddenly become ill." Caregivers should complete basic first aid training before beginning child care employment. Only first aid used for life threatening injuries common to children is discussed in this book. In order to save lives and prevent further injury, a person using first aid must prevent severe blood loss, maintain breathing, and prevent shock.

After initial first aid is given and it is found that the sick or injured child can be safely moved, the child may be taken to an emergency room in the child care center. This room should contain the following items:

- a comfortable place for the child to lie down
- first aid supplies
- a blanket to cover the child
- posted charts regarding first aid treatment, such as how to handle suspected poisonings, unconsciousness, disease symptoms, etc.
- emergency telephone numbers for ambulance, police, fire department, and poison control center
- an emergency file for each child containing names and telephone numbers of the child's doctor, hospital, parent(s), and other people the center staff is authorized to call in an emergency

First aid supplies that should be kept on hand in a child care center are similar to those in a child's home. The center should not keep supplies and equipment that the staff is not trained or authorized to use. First aid supplies should include the items listed below.

- disposable gloves
- absorbent cotton
- assorted bandages
- sterile gauze bandages and pads (assorted sizes)
- adhesive tape (1/2 to 1 inch wide)
- bandage scissors
- tweezers
- sterilized needles (to remove splinters)
- thermometers (oral and rectal)
- syrup of ipecac (to induce vomiting)



- activated charcoal (to absorb poison)
- Epsom salts (a strong laxative for use with poisonings)
- aromatic ammonia (for fainting)
- calamine lotion (for insect bites)
- rubbing alcohol
- baking soda
- hydrogen peroxide and antiseptic cream
- petroleum jelly
- tongue depressors
- splints
- measuring spoons
- safety pins
- paper or plastic drinking cups
- washcloths
- towels
- sink or basin

- sanitary napkins (for dressing serious wounds)
- blankets
- liquid soap
- stretcher
- flashlight
- first aid book
- water

Severe Blood Loss

Severe bleeding must be stopped immediately. A doctor or emergency medical team should be called. Shock and loss of consciousness may occur quickly in a child. First aid for severe bleeding is to apply direct pressure firmly to the wound with a clean dressing held in place by the hand of an adult. This method prevents blood loss without interfering with normal blood circulation.

It is best if the dressing is a thick pad of sterile gauze, a sanitary napkin, a portion of a clean disposable diaper, or a folded clean cloth. If these are not available, choose the cleanest absorbent material available. Avoid absorbent cotton matting because loose fibers will remain in the wound. The purpose of the dressing is to absorb the blood and permit blood clotting. If necessary, pressure may be applied with the bare hands until a dressing is obtained. Once the dressing is in place, it should not be removed until the bleeding stops. More dressings may need to be added on top of the original one to absorb the blood before it begins to clot.

If possible, raise the injured area above the level of the victim's heart to slow the blood flow to the wound. If bleeding continues, apply direct pressure to the wound while applying pressure against pressure points as follows:

- **Scalp** – Press your thumb against the bone just in front of the child's ear.
- **Face** – Press your fingers against the hollow spot in the jaw.
- **Neck** – Place the thumb against the back of the child's neck. Put your fingers on the side of the neck just before (not over) the windpipe, and press toward your thumb.
- **Chest or armpit** – Press your thumb in the groove behind child's collarbone.
- **Arm** – Place your fingers on the inner side of the arm, pressing in the groove between the muscles. Keeping your thumb on the outside of the arm, press toward the bone.
- **Leg** – Place the heel of your hand on the inner thigh at the crease of the groin. Press against the bone.

Before using the above methods, caregivers should complete training in a first aid course to understand correct procedures to be used. Only use a tourniquet in cases of massive hemorrhaging (such as with a severed limb) that cannot be controlled using other methods. The decision to apply a tourniquet is a decision to risk loss of an arm or leg in order to save a life. If a tourniquet is used, the care of a doctor is needed immediately.

Maintaining Breathing

Immediate action should be taken by the closest caregiver if a child stops breathing. Permanent brain damage (followed by death) can result if breathing does not begin between four to six minutes after the heartbeat has stopped. Breathing can stop for any of the reasons listed on the following page.

- obstruction in the air passage
- swelling due to damage of the air passage following the swallowing of a corrosive substance (such as lye)
- acute asthma attack
- lack of oxygen in the air (as in gas poisoning or being locked in an enclosed space such as an abandoned refrigerator)

- suffocation due to a plastic bag or other materials blocking the mouth and nostrils
- electrical shock
- poisoning
- drowning

A child who has stopped breathing may be unconscious with no breathing movements of the chest or stomach. The child's lips will likely be blue and the pupils will be dilated.

In Texas, a caregiver trained in ***CPR*** (cardiopulmonary resuscitation) must be on duty at all times. First aid to restore breathing includes the following steps:

- Begin first aid immediately. Have someone else call for a doctor or ambulance as you give first aid.
- Check for blockage of the air passage. Use first aid methods appropriate for the age of the child to unblock air passages. These methods may include back blows and abdominal thrusts.
- Apply artificial respiration, using a method appropriate for the age of the child (mouth to mouth or mouth to mouth/nose respiration).
- Continue artificial respiration, including during transportation to the emergency room, until breathing begins or the task is taken over by medical personnel.
- Treat the victim for shock.
- Get medical care, even if breathing has been restored.

Poisoning by Mouth

As with other emergencies, quick and correct action is necessary when a child has swallowed a poison. It is important to dilute the poison or remove the poison from the body before the body absorbs it. The steps to take are as follows:

1. If possible, identify the poison.
2. Give first aid appropriate for that poison. Sources of information include the following:
   - the label on the original container
   - the poison control center hotline
   - the poison first aid chart posted in the child care center
   - a hospital emergency room
3. Treat the child for shock
4. Rush the child to the hospital or call for emergency medical services. Take the original poison container, if available, and a sample of any vomited material with you if the child has vomited. These can help the doctor with diagnosis and treatment.

If in doubt about the poison swallowed, try to determine if the poison was caustic or non-caustic. Remember that the child could have swallowed something at home before coming to the child care center. With this much time delay, poisons swallowed at home which were undetected by parents are usually non-caustic. Caustic poisons usually cause immediate painful reactions.

Caustic poisons are poisons that eat away skin and body tissue. They usually cause burns on the lips and in the mouth. Caustic poisons are usually strong acids, alkalis, or petroleum products. Common household products which are caustic include lye products and drain cleaners. When a child swallows a caustic substance, vomiting should not be induced because vomiting will cause more damage to the throat and air passages. Appropriate first aid is to call the doctor, the poison control hotline, and the parents. The child should be rushed to the hospital. Follow directions from the hospital staff for giving something to the child to dilute the poison before leaving for the hospital.

Non-caustic poisons do not eat away skin and body tissue. Examples include aspirin, sleeping pills, drugs of any kind, cough syrup, ink, paint, and a variety of other substances. Again, the child's doctor and the child's parent should be called. Vomiting will greatly

reduce the absorption of non-caustic poisons into the bloodstream. To induce vomiting, the child should drink several glasses of salty or soapy lukewarm water or warm milk. If the child does not vomit, touch the back of the inside of the throat with a clean spoon, or slip a clean finger down the back of the throat. Doctors usually recommend the use of a "universal poison antidote," such as syrup of ipecac, to help stop the work of the poison before it is absorbed. (Texas licensing standards, require that syrup of ipecac be in the first aid supplies at the child care center.) Whatever the first aid treatment, the child should be treated for shock and taken to the doctor.

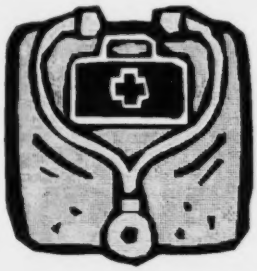
Shock

Shock is a serious condition that follows injury or sudden illness; it can be fatal. ***Shock*** results from a depression of vital body functions. It is a sign that the body is overstressed. In all cases of shock, the blood flow to vital organs is reduced. The child will probably not be able to breathe well. Every victim of injury or illness should be treated for shock, even if symptoms of shock do not appear. The symptoms are as follows:

- pale or bluish skin
- cold, moist skin
- weak, rapid pulse
- shallow or deep breathing
- weakness, dizziness, anxiousness, or restlessness of the victim

First aid for the treatment and prevention of shock includes the following steps:

- Keep the child lying flat on the back. In case of nausea or unconsciousness, turn the head to one side. Raise the feet 8 to 12 inches unless doing so might further harm an injury. If the child has trouble with breathing, raise the head and shoulders slightly, unless other injuries might make this action unwise.
- Place a blanket appropriate for the climate under and over the child to prevent chilling. The purpose is to retain body heat, but not add to it. Do not apply a heating pad, a hot water bottle, an electric blanket, or any other heating device.
- If the child is thirsty, moisten the lips. Do not give fluids if the child is unconscious, is nauseated, has head or abdominal injuries, may require surgery, or if medical help will arrive in less than one hour.
- Get medical help as soon as possible.
- Reassure and encourage the child.



Severe Burns

Severe burns may result from fire, electrical shock, scalding liquids, or touching a hot object. Burns are very dangerous to a child. Because a child's body surface is much less than that of an adult, a small burn may cause serious harm to a child. If ten percent or more of a child's body is burned or if the child has a third degree burn, medical treatment is essential. In a ***third degree burn***, blisters form on the burned area and the skin may be charred.

If a burn is severe, do not chill the burn or submerge the child in cold water. These are appropriate techniques for minor burns. To do so for severe burns may cause shock. Appropriate first aid is to cover the burned areas with a loose dry sterile dressing to help prevent infection. Do not touch the burned area. Use no ointments or antiseptics. Treat the child for shock and arrange to take the child to a hospital emergency room immediately.

If the child's clothes are on fire, stop the child from running. Roll the child in a blanket, coat, or on the ground to put out the flames. Do not attempt to remove clothing that is attached to burned skin.

Chemical Burns. If a chemical gets in or near a child's eyes, rinse immediately with running water for several minutes. Flush each eye in the direction toward the ear, away from the nose. This will keep the chemical from one eye from being flushed toward the other eye. Bandage the child's eyes after flushing. If a chemical is spilled on a child's skin, remove any clothing that has the chemical on it. Then flush the skin area with running water for several minutes.

Alkaline chemicals, such as drain cleaner and strong cleaning liquids and granules, are common sources of chemical burns. Prompt medical treatment is important for chemical burns, even if they appear to be minor at the time.

Electrical Shock. Contact with an electrical current may cause a burn or unconsciousness. It can also cause breathing or the heartbeat to stop and may result in death. Because of the small size of a child's body, electrical shock that might be minor to an adult can be serious for a child.

Children are likely to come in contact with an electrical current in ways that adults would not. Without supervision, small children might chew on an electrical cord, push a metal object into an electrical outlet, or play with an electrical cord attached to a lamp or appliance which is in use.

To rescue the child, you must break the contact between the child and the source of shock without allowing anyone to touch the child. Any person who touches the child will also receive the electrical shock. If the accident involves an electrical cord, your first step should be to unplug the cord. If this is not possible or if a cord is not involved, turn off the master switch inside the electrical control box for the building. If neither of these are possible, use some material that does not conduct electricity to move the child away from the source of the electrical current. Appropriate materials include a long dry wooden stick or board, rubber, cloth, and rope.

Once the child is free of the electrical current, begin appropriate first aid immediately. If breathing has stopped, give artificial respiration at once. If the heartbeat also has stopped, give cardiopulmonary resuscitation. Treat for burns and shock. Get medical care immediately.

Head, Neck, and Back Injuries

Children take most tumbles, falls, and bumps without injury. However, caregivers should be alert for serious head, neck, and back injuries. These are likely to occur if the child falls from a high place or falls on a hard surface, such as asphalt or concrete.

Head injuries may show no immediate symptoms except a bump and bruises. However, head injuries may cause bleeding inside the skull. This could cause brain damage and even death. Symptoms which may occur later include headache, dizziness, drowsiness, blurred vision, vomiting, and unconsciousness. Parents should always be notified if the child is hit on the head or hits the head in a fall, regardless of how minor the incident seems at the time.

If a neck or back injury is suspected, do not move the child unless there is danger of explosion, fire, or other life-threatening circumstances. If the child must be moved for these reasons, move the child with caution and follow the procedure learned in first aid training. Treat for shock and other injuries. Call for an emergency medical team to move the victim to the hospital.

In the case of head, neck, or back injuries, the child should always be immobilized. To ***immobilize*** means to hold or fix so that a part of the body cannot move. Immobilize the head in the position found by placing rolled up clothing or blankets around the head and the sides of the neck and shoulders. For back injuries, also immobilize the torso. Since different methods should be used for different types of head injuries, first aid training will help caregivers to know the proper actions to take.

◆ *Essential Questions:* ◆
Medical Emergencies

1. Why is it important that the parent arrive quickly when a child must be rushed to the hospital?
2. What are ten examples of first aid supplies that should be kept on hand in a child care center?
3. What are two first aid steps for severe bleeding?
4. What are six steps in restoring breathing through CPR?
5. What is the difference between caustic and non-caustic poisons? Why is it important to know which is which?
6. What are five symptoms of shock?
7. What can cause severe burns?
8. What should a caregiver do if a neck or back injury is suspected in a child?

REPORTING AND RECORDING ACCIDENTS AND INJURIES

Report each injury, however minor, to the director, the child's parent, or anyone to whom the child is released. Be sure to report it to the child's caregiver if the caregiver was not present at the time of the injury. Caregivers and other child care employees should record every accident, injury, illness, or sign of illness in the child's health record. This is very important and should be done according to established center policies and procedures. The long-term health of the child may depend on accurate records. Accurate records also protect the child care center and child caregivers from possible legal liability.

◆ *Essential Questions:* ◆
Reporting and Recording Accidents and Injuries

1. Why are accurate records necessary in child care emergencies?
2. How can accurate record keeping protect the child care center and caregiver?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Child care centers and individual caregivers may be held legally liable for injuries to a child due to caregiver neglect or inappropriate action. They may also be held liable if an emergency is not recognized and acted upon immediately or if emergency action taken causes further harm. The best liability protection is to follow strict center emergency policies and procedures.

- ☆ If a fire is discovered, a child caregiver should notify another caregiver, see that the fire department is called, and assist in moving all of the children quickly and quietly to safety. Caregivers should also know how to safely extinguish a small fire.

- ☆ ABC fire extinguishers are the most common type. Other fire extinguishers should be selected for use on a specific type of fire. Class A fire extinguishers should be used on wood, paper, or rubbish only. Class B extinguishers can be used on gas, grease, or liquid fires. Class C fire extinguishers can be used on electrical equipment fires. Always check the extinguisher directions for proper use.

- ☆ Caregivers should be familiar with severe weather possibilities in the areas where they work. They should be aware of the center's procedures for each type of probable weather emergency. Caregivers should always remain calm and reassure the children.

- ☆ When an emergency requires the moving of children, caregivers should follow established and posted center evacuation procedures. Always keep children together and accounted for accurately. A major responsibility is for caregivers to take emergency contact files to the relocation site.

- ☆ Caregivers must be trained in first aid to handle medical emergencies. Someone should be assigned to call a doctor and arrange for transportation (as necessary). Caregivers should avoid panic, prevent further injury to the child, and provide no more medical treatment for the child than necessary before professional help arrives.

- ☆ First aid is used to save lives and prevent further injury. Examples of first aid procedures include the following: preventing severe blood loss; helping the child to maintain breathing; diluting or removing poisons from the child's body; preventing shock; treating burns properly; and immobilizing head and back injuries.

- ☆ Accurate reporting of accidents, injuries, or illness is essential to the child's health record. This should be done according to established center policies and procedures in order to protect the child care center and the caregiver from possible legal liability.

Chapter 11

Daily Routines

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3A Observe screening and other health assessment techniques.
- 3B Describe effective methods of recording health-related information.
- 6E Develop strategies for creating a relaxed mealtime routine.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7B Practice effective communication skills.
- 7D Set up guidelines for assisting children with routine activities.

Chapter Vocabulary

fatigue
genitals
housekeeping
informal communications
listlessness
modeling
positive reinforcement
regression
routine
transition

ROUTINES

A ***routine*** is a pattern of behavior that occurs on a regular basis in a child care program. Daily routines include arrival and departure times, health check, handwashing and other hygiene practices, meal and snack time, toileting, dressing and undressing, napping, and housekeeping duties. They also include transition times between scheduled activities. Caregivers have other routines to follow that do not involve direct work with children.

Routine activities happen at about the same time each day. Routines help children feel secure because they know what to expect. Routines also provide children with a sense of

"time." However, routines should not become too regulated. For example, lining a dozen young children up to wait in turn to go to the bathroom is not an appropriate routine. Instead, the children can be taken in groups of three or four or individually. This provides a chance for helping each child and allows children to interact more with caregivers.

For programs that offer both half-day and full-day programs, arrivals and departures occur at midday. Since midday is also lunchtime, the noon schedule may be hectic. Special planning will be required in order for routines to go smoothly. Children arriving at noon should come into an environment as warm, inviting, and well-organized as the early morning environment.

Caregivers should use routines as learning opportunities. Routines are ideal learning times because they happen naturally as a part of living. During routines, children learn and practice self-help skills appropriate for their level of development. Routines also help children learn to work in groups. Child care routines are an important part of the overall early childhood developmental program. These routines apply generally to toddlers and preschool age children.

Arrival and Departure

Arrival and departure times of children in child care settings are important. The tone for the beginning and ending of the "school" day is set at these times. Caregivers on duty at arrival and departure should have three major concerns:

- the safety of the children
- positive communications with parents
- a constructive learning atmosphere for children

Safety Concerns at Arrival and Departure. For safety reasons, arrival and departure procedures should be followed carefully by both parents and caregivers. One safety concern during these periods is the

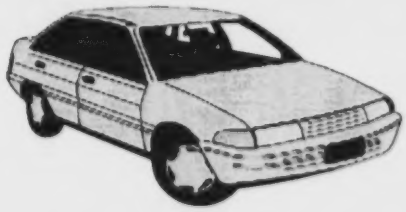
possibility that a child may stray, hide, or leave with an unauthorized person. On arrival, parents should know to turn their child over to an assigned caregiver. The caregiver visits briefly with the parent, does an informal health check, records the child's attendance, and directs the child to planned activities. On departure, the caregiver should wait with the child in a planned activity area until the parent arrives. Parents should know to come to a specified place in the center and stay until the caregiver releases their child. The caregiver greets the parents, helps them with the departure, and signs the child out for the day.

If someone other than the parent comes for the child, the caregiver must only release the child when the identity and authority of the person to take the child is determined. This authority can be granted only by the parent who enrolled the child or by a court of law, and it must be in writing. This can become a difficult procedure for caregivers when custody arrangements are changed following a divorce. Caregivers should involve supervisors in all questions about releasing a child from the center.

In some centers, especially those that involve car pool, van, or bus transportation, the arrival area may be outdoors or near an enclosed porch. The procedure may be for the parent or driver to stand by the vehicle (car, van, bus, etc.) for identification and wait for the caregiver to walk with the child to or from the vehicle. These rules are appropriate:

- Children will arrive in and depart from the same location every day.
- Caregivers will have accurate lists of children who ride in each vehicle, including

written messages about children who may not be coming (on arrival) or leaving (on departure) due to an illness or other special circumstances.
- Car pool parents and other drivers will display a list of the names of the children they carry.
- For the first few days at least, children will wear name tags listing their names, the names of the caregiver, the group, and the driver. Name tags may be color-coded for easy recognition.
- Safe transportation practices will be followed. This includes having the children leave and enter vehicles from the side of the vehicle nearest the curb or porch and using child safety restraint devices which are appropriate for each child's age in the vehicles. Drivers will follow rules for driveway traffic pattern.



- On departure, caregivers will recognize the drivers or check their identities and authorization before releasing the children.
- Accurate records of when children arrive and depart the center will be kept.

Communication with Parents at Arrival and Departure Times. Arrival of children and departure of parents may be stressful for both children and parents. This stress can be eased by a friendly, caring caregiver. Each child and each parent should be warmly greeted by name and given individual attention. The caregiver should sense the child's needs. These needs might be for comfort, affection, listening, or encouragement to begin the activities of the day. When a caregiver recognizes a child's needs, it shows the parent that the child is special to the caregiver and will receive good care.

Interactions that occur casually between parent and caregiver at arrival and departure times are called ***informal communications***. It is the job of the director or the child's teacher to schedule more formal conferences with a parent. Anytime a caregiver communicates with a child's parent, questions that the caregiver is not authorized to answer should be directed to a supervisor.

At arrival, caregivers should listen carefully and record any information or instructions the parent gives about the child. For example, the parent may say, "Gregory is upset this morning because his dog is missing." This information may be valuable in helping caregivers understand the child's behavior that day.

At departure, caregivers should inform parents of the child's schedule during the day. For infants, parents need information about formula taken, bowel movements, and sleeping patterns. For older children in regular routines, parents should be told of any changes in their child's usual routines or behavior. It is wise to also share a positive happening about the child's physical, social, emotional, or cognitive development. Communication can be verbal or with written notes, sometimes pinned to the child's clothing with a safety pin.

Learning Atmosphere at Arrival and Departure. Caregivers assigned to arrivals and departures have special roles to play. A positive attitude says to a child, "I enjoy being with you at this time." Arrival and departure activities should be planned as an important part of the center's program. The activities should meet the child's needs and provide a transition into or from the more structured part of the daily schedule. The number of caregivers present is influenced by minimum licensing standards for the number of adults required for each child. Many child care centers will have multi-age grouping for arrival and departure time.

The first duty of the early morning caregivers is to arrive early enough to prepare the room to say "welcome." The heating or air conditioning should be adjusted. The shades or curtains should be open to make the room bright and sunny. The caregiver should smile and be enthusiastic. It helps greatly to provide a new game or toy each day in addition to the familiar ones. The day's planning should be completed before children arrive so the caregiver can give individual attention to children and parents.

Each child's personality and biological "time clock" should be respected. Some children will arrive full of energy and ready to begin the day's activities. Others will be quiet and shy, preferring to be left alone for awhile. Some may wish to join another child at a table activity. Some children may be eager to continue an ongoing project, such as rehearsing a "play" that they are going to put on for the group.

At departure time, parents like to have their children as clean and fresh as possible, toileted, in good spirits, and ready to go. The departure routine should help meet these needs. Nap time and afternoon snack time should be over. The children should be toileted and washed. Personal belongings should be ready to get from cubbyholes. The children can be happily involved in activities from which they can easily depart. For children who want to stay "just a few minutes more," the caregiver can help the parent by firmly insisting that it is time to go. The caregiver can provide reassurance by telling the child that the activity can be done the following day.

Daily Health Check

The daily health check is part of the arrival routine. It may be informal or formal. The purpose of the health check is to determine the health of each child and prevent the spread of illness among the children. An informal check would be done casually by the greeting caregiver. This procedure should be done before the parent leaves. In an informal health check, the following signs of ill health or poor hygiene practices should be noted:

- discharge from the eyes, ears, or nose
- rash on face, neck, chest, or stomach
- sneezing or coughing
- watery or glassy eyes
- fever, flushed face, and hot, dry skin
- unusual paleness or coldness
- hoarse voice or swollen glands
- report by the child of sore throat or pain in any part of the body
- scratches, bruises, or sores
- sad, tired, or concerned facial expression
- dirty hands and face
- unclean teeth
- dirty hair and scalp
- unusual walk or movement for that child
- unusual behavior for that child (quiet, angry, crying, etc.)

Some centers do a more formal health check. Formal health checks would be done by a health professional, the director, or a caregiver assigned by the director. In addition to the checks listed above, the person doing the health check might use a flashlight to check for sore throats, feel the throat and under the chin for swollen glands, and take temperatures if fever is suspected.

Whatever the system used, children should not be embarrassed, frightened, or threatened by a health check. The health check should be seen as a good way to start the day. As a result of the routine health check, some children may need to be watched during the day for further illness symptoms. Poor hygiene practices, such as arriving with unclean face and hands, may be corrected at the center. If a child shows clear signs of

illness, parents should plan other care arrangements. Any signs of poor health or hygiene should be recorded in the child's health record.

Handwashing and Other Hygiene Practices

As mentioned in Chapter Seven, handwashing is probably the most important hygiene practice for children and caregivers. Children should wash their hands before and after eating, after toileting, and after playing with modeling clay, play dough, dirt, or other substances.

Children should learn to wash their own hands. Toddlers, at first, may do more "splashing" in the water than washing. However, it is very important to form the habit of handwashing at an early age. The caregiver can assist after the child makes the effort to wash. Caregivers should be consistent in supervising handwashing routines. Caregivers can help young children improve their handwashing skills with a positive attitude, ***modeling*** (setting a good example), and ***positive reinforcement*** (praising a job well done). In modeling handwashing for children, the following guidelines are important:

- Use cold or warm, not hot, waters. The water heater at a child care center should already be set at a warm water temperature. Hot water can burn a child's tender skin.
- Use soap with each washing. It is safest to use liquid soap to prevent the spread of germs.
- Hands should be washed and rinsed well, including up to the wrists and between the fingers.
- Hands should be dried with a disposable towel (paper towel) or a personal cloth towel. Disposable towels should be placed in a trash container after one use. If children dry on cloth towels, each child should use his or her own towel. Each towel should be marked so the child can identify it and replace it on its hook after each use. Cloth towels should be sent home for washing at least once a week.

Toothbrushing is also an important routine to establish in early childhood. Each child's toothbrush should be clearly marked with the child's name or special symbol and hung in a clean place within the child's reach. Teeth should be brushed following each meal.

Combing and brushing hair is a routine (often following nap time) in many child care programs. Children enjoy the routine and parents appreciate seeing their children well-groomed at the end of the day. This routine should be encouraged as a way to keep the hair tidy, not as a "dress up" game. For cleanliness, each child should use his or her own personal comb or brush.

Meal and Snack Time

Eating is a routine in all child care centers. Half-day programs provide a midmorning or midafternoon snack. Full-day programs offer a noon meal as well as two snacks. Some programs offer a breakfast snack also, particularly for children whose families have poor nutritional habits. All foods

and drinks served should be nutritious. Snacks are used to provide children with part of their daily nutritional needs.

Caregivers should understand typical eating patterns of children. Older children may have smaller appetites than younger children since younger children grow at a faster rate. Children may have dislikes for certain foods. They may not wish to try new foods. They may sometimes want to eat only one food (such as bread and butter). Children may eat very quickly or very slowly. Others may play with their food. Caregiver modeling and peer influence are usually the best influences on children's eating behavior. Children should be encouraged to taste each food, but they should not be forced to eat. Plates with uneaten food can be removed without comment. Healthy children will not go hungry many days in a row. Foods should not be withheld as punishment or offered as a reward.

Simple meal and snack time rules will help create a good routine. Caregivers can share the rules with the children and expect the rules to be followed. The rules should include handwashing before and after meals and sitting while eating.

Eating should be a pleasant and relaxed experience for children. Child-sized tables, chairs, and utensils encourage independence and help avoid spills. Tables that are conveniently and attractively arranged help create a pleasant atmosphere. A caregiver should be seated at each table. It is best to have one caregiver for no more than five or six children. Good social interaction should be encouraged during meal and snack times. A child who behaves inappropriately may be seated by the caregiver or quietly removed from the group to finish the meal. Removing the child from the table should be avoided, if possible.

Snack time can be organized in different ways. The usual way is for all children to be seated for snacks at the same time. Another way is for snack foods to be available during part of learning center time. This allows children to make choices about when and what they would like to eat and drink. The variety and number of choices available should be appropriate for the children's level of development. Older children might be encouraged to pour their own juice and spread their own cracker. With this system, caregivers need to see that every child takes time to snack. Whatever the system, the children must wash their hands before and after eating and remain seated while they eat and drink.

Meal and snack time can be special learning times. Important concepts to teach and encourage with eating routines include the following:

- **Importance of handwashing before and after eating** - This habit should be modeled by caregivers and enforced consistently.
- **Responsibility for helping with serving and cleanup** - Children can take turns setting the table, pouring drinks, wiping tables, and doing other jobs.
- **Self-help eating skills** – Preschoolers may be encouraged to help themselves by carrying their own trays from a cafeteria line or serving themselves in family-style service. Older infants should be allowed to feed themselves (with minimum caregiver assistance) as soon as they show interest.
- **Appropriate table manners** - Caregiver modeling, simple explanations based on consideration for others, and positive reinforcement of children's appropriate

table manners are effective ways to teach table manners. Expect manners to be learned gradually.

- **Information about foods and food sources** – This includes information about where foods grow, what color they are, and how they are processed.
- **Nutrition information** – This includes simple facts about choosing foods from the five food groups.
- **Listening skills** – This includes learning to follow directions.
- **Language expansion** – This may be gained through conversation and naming foods, colors, textures, etc.
- **Group rules and limits** – These should be communicated to children and the reasons for them discussed.
- **Time concepts related to meals** – Meals and snacks should be served at the same time each day. Meal time should be pleasant and relaxed, allowing children enough time to eat.
- **Eye-hand coordination, awareness of space, number concepts** – These concepts can be learned by arranging dishes, silverware, and chairs for each person and by counting napkins, crackers, etc.

Toileting

Early experiences associated with toileting can affect a child's self-image and attitudes about sexuality. Toileting should be a pleasant experience for children.

The physical environment should encourage independence in toileting. It is best if bathroom fixtures are child sized. If this is not possible, a sturdy step stool will help small children reach adult-sized toilets and lavatories.

Young children develop the physical ability to control toileting at different ages. Caregivers should not shame or tease a child who is not toilet trained or make a child feel "dirty" because of a toileting accident. Such actions are cruel and may harm the emotional development of a child.

It is most helpful if caregivers and parents cooperate in toilet training a child. Consistency in training is important to a child. If the caregiver suspects that toileting accidents at home are treated as dirty, shameful, or naughty, this observation should be reported to the supervisor. The supervisor or the director can then explain to the parents how and why toileting accidents are handled in positive ways at the child care center. Parents can be reassured that a child will often quickly master toilet training in a group situation. In child care, caregivers accept accidents casually, without scolding, anger, or punishment.

Most child care programs schedule toileting before and after snack and meal times, before and after nap times, before outdoor activity time, and before departure time. Some of these may be the same. For example, "after meal time" may be the same as "before nap time" and "before outdoor activity time" may be the same as "after snack time." Scheduled toileting may occur one by one or in small groups. In addition, children should always be encouraged to go to the toilet when they need to.

Regardless of the age of the child, caregivers may expect children to have an occasional accident. This is especially so during the first weeks of training and when children are ill or experiencing stress. For example, ***regression*** (to return to an earlier stage of development) in toileting behavior is common among children who have new babies in their families.

During the first months of toilet training, children should be dressed in training pants and clothes which they can handle easily and quickly. At first, when a child is wet, the caregiver should go with the child to the bathroom and change the child's clothes, explaining the procedure to the child. If accidents continue, the caregiver should react casually and direct the child to the bathroom to change his or her own clothes. The caregiver should watch the situation and make sure the child is clean, wet clothes are placed in a bag to take home, and hands are washed correctly. Young children of all ages usually need help from a caregiver when bowel accidents occur.

Caregivers should recognize clues that a child needs to use the toilet. Many young children will wait too long before they stop playing and start for the bathroom. Clues of a need to toilet include handling the ***genitals*** (external sex organs), dancing around, standing quietly with legs crossed at the knees or ankles, or an anxious, worried look. When recognizing a child's need to go to the bathroom, the caregiver should use a direct statement rather than an asking or an inviting statement. For example, the caregiver can say, "Come with me and use the bathroom," or with an older child, "Go use the bathroom." During cold or rainy weather, children may need to use the toilet more often.

When children have finished using the toilet, have them get the toilet tissue and wipe themselves. Teach them to wipe from front to back, away from the genitals, when they are wiping themselves after a bowel movement. Used toilet paper should be discarded in the toilet and flushed, not put in a trash can. Children should be taught to flush each time after using the toilet and to wash their hands. These procedures are important to prevent the spread of germs. Follow these general guidelines in regard to toileting:

- Encourage and praise children's efforts to help themselves.
- Use children's names.
- Describe procedures. For example, you might say, "Cory, you remembered to flush the toilet. Good for you."
- Have confidence in the child's ability to learn.
- Try to put yourself in the child's place.
- Respect the child's body and feelings.
- Use correct terminology for body parts and processes.
- Encourage questions and conversations about toilet training.
- Treat curiosity about male and female genital differences honestly and matter-of-factly.
- Treat toileting as a natural act.

Dressing and Undressing

When children are learning to dress themselves, parents should be urged to choose clothing that children can handle easily. Caregivers should schedule enough time for children to dress and undress themselves. Children remove outer garments at arrival time and after outdoor play time. They put on outer garments before outdoor play time and at departure time. They also handle their garments while toileting.

When children are young, clothing with large buttons, zippers, and looped tape fasteners help them learn to dress themselves. In the early months of toilet training, pants with soft elastic waistbands are easier to handle than pants with zippers, buttons, and snaps.

As children get older, clothing fasteners that are harder to manage will help them learn more about dressing themselves. When teaching children new skills, give simple directions in the correct order. Allow children

to follow one direction before being given another. Dressing dolls or using dressing frames can help children learn to button, zip, snap, and tie.

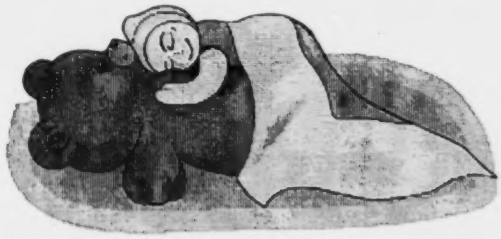
In a climate where boots and heavy clothes are worn, be sure children use the toilet before dressing to go outdoors. Help children know the correct order of dressing themselves. Sweaters come first, followed by boots, coat, cap, and finally mittens or gloves.

Nap Time

Rest is another important routine in a child care center. Rest is necessary to young children for growth and good health. Without a regular rest time, ***fatigue*** (tiredness) and emotional upsets usually occur. Several signs of fatigue are ***listlessness*** (not being interested in activities), whining and crossness, crying for no apparent reason, and changes in behavior.

A period of quiet restfulness during the day is important to all children, whether or not they take a nap. Most children will nap during rest time. Others, especially some older children, will not. Many children who do not intend to fall asleep will do so anyway. Those who require less sleep may be allowed to read a book or play quietly in another room after lying down for awhile. They should not be allowed to bother those children who do take naps.

The attitude of the caregiver toward the rest period will influence the way the children react to it. Caregivers should understand the importance of the rest period and how to supervise this routine. Plan the beginning of the rest period as if all children will fall asleep. A quiet period before rest time helps calm the children and gets them ready to relax. Stories, poetry, and quiet songs are good activities to relax children. Children may choose to nap with a favorite toy or blanket. Toileting, handwashing, getting out and putting up cots and mats, and removing or putting on shoes and socks are part of the nap time routine.



To make napping easier, the room should be quiet and darkened as much as possible. Separate children enough for privacy. Licensing standards may require a certain amount of space between children at nap time. For health reasons and to discourage talking, children should be arranged head-to-toe, so heads and feet are alternated. Each child should have his or her own mat or cot and the same place to rest every day. Caregivers may choose to group children for nap time according to similar sleeping patterns, once these are recognized.

At least one caregiver should remain in the room where children are napping. The number of caregivers required for nap time is usually specified in state licensing standards.

Housekeeping

In a child care setting, ***housekeeping*** involves maintaining an attractive, orderly, and safe environment for children. One way to help young children develop is to teach them to be independent, respectful, and cooperative individuals. Caregivers who do not teach young children to pick up and clean up are not helping them reach these goals.

Some basic rules to teach young children about housekeeping routines include the following:

- If you drop things, pick them up.
- If you spill a liquid, wipe it up.
- If you turn on a light, turn it off when you leave the room.

- If you open a door or a drawer, close it.
- If you find an object in a traffic path, move it.

Caregivers should make housekeeping tasks easy and fun. Housekeeping tasks are important parts of children's developmental learning activities. Tasks should be selected which are appropriate for the ages of the children. For example, toddlers cannot be expected to pick up a roomful of toys. Therefore, only a few toys should be available for toddlers to play with at one time. Part of the "fun" is to help the caregiver put up toys. Caregivers must be patient with children while they learn housekeeping skills. Often it would be easier and faster for caregivers to do these chores themselves. However, the learning experience is important for children.

By allowing children to practice housekeeping tasks, caregivers teach children developmental skills. Caregivers should provide the physical environment, the time, and the emotional climate for children to learn housekeeping skills. Picture labels on open shelves at the child's eye level help young children know where toys and personal items belong. Brooms, mops, paper towels, and sponges can be available to older children for cleaning up spills. The time for getting things in their proper places should not be hurried. The emotional climate should reflect patience, modeling, caregiver assistance, praise for a task accomplished, and consistency. Routines are learned best when caregivers are firm and consistent, yet gentle and patient.

Children should learn to do housekeeping tasks as the need arises. For example, if a coat falls to the floor, it should be picked up when it is seen. Special child care housekeeping routines occur daily at the following times:

- On arrival, children put their coats, boots, and personal belongings in their personal shelves, bins, or cubbyholes.
- After an activity period, toys and equipment need to be stored in their proper places. Items that will dry out, such as clay and paints, should be properly covered.
- After meal and snack time, routine jobs are done.
- Before and after nap time, routines are established.

Maintaining an orderly environment does not mean keeping it so clean and tidy that children are uncomfortable. Activity and learning centers may appear to be wall-to-wall with toys, equipment, and supplies during free play. However, when activity time is over, materials and equipment should be returned to their proper storage places. Restoring order to the environment is important to children for many reasons including the following:

- Children feel secure in an orderly world. They know where things belong, what is expected of them, and what comes next.
- Children enjoy an attractive setting. They learn to appreciate neatness.
- Children have more freedom to make choices in an orderly environment than in an unorderly one. When things are in place, children know what is available and where to find it.
- Children have more opportunities to build a positive self-image. Children develop confidence when they can depend on their environment.
- An orderly environment provides better child care. The social, emotional, and cognitive development of children is improved in an orderly physical environment.
- An orderly environment is safer for children. Children are less likely to stumble

over a toy or slip and fall when things are in their proper places.

◆ Essential Questions: ◆
Routines

1. What are three major caregiver concerns during children's arrival and departure times?
2. What information should a parent communicate to a caregiver upon arrival? What should a caregiver tell the parent during departure?
3. What are the purposes of an informal daily health check? List eight areas to examine during this check.
4. How is housekeeping an important part of an attractive, orderly, and safe environment for children?

TRANSITIONS

A part of each day is spent in changing activities. The period between two activities is known as a ***transition***. Good transitions prevent long periods of waiting. Smooth transitions also prevent confusion and poor behavior from children.

Because children need time to change activities, caregivers should plan for transitions to take place gradually. Before it is time to go outside, the caregiver may tell children that their activity is almost over. The caregiver should move quietly among the groups of playing children and tell them that it will soon be time to put their materials away. At the appropriate time, the caregiver can sing a cleanup song as the children put away their materials. When cleanup time is completed, children can move to the outside play area.

Games and fingerplays are useful as transitions. For example, when children move from a large group activity (such as story time) to learning centers, the caregiver could invite children wearing blue to leave the group first, then those wearing green, etc. Fingerplays are especially helpful when caregivers and children are waiting for a short period of time, such as before lunch is served. Planned transitions guide behavior by providing direction for children throughout the day. They also help children learn.

With young children, transition activities should be staggered to prevent waiting in line. As children finish learning center and play activities, they can toilet, wash, and move to group story time in groups of three or four. Poems, fingerplays, or other transition activities can keep the children busy before story time begins.

Signals can help children recognize when to stop and prepare for the next activity. For example, when a caregiver brings drinking water to the playground, the children know that this is a signal to stop, put away play things, have a drink, and go inside. When a caregiver places damp sponges at a messy play area, the children recognize this as a signal for cleanup time, whether the activity is art, craft, clay, or snack. To begin the music period, the teacher can start singing simple songs that allow the children to join in as they finish toileting and washing.

◆ Essential Questions: ◆
Transitions

1. What is a transition? What is an example?
2. What problems are avoided by having good transition activities?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Routines are patterns of behavior that happen naturally as a part of living. They give children a chance to learn and practice helping themselves. They also help teach children to function in a group.
- ☆ Caregivers on duty at the arrival and departure point should be concerned with providing a safe transfer of children to and from parents, communicating positively with parents, and providing a good learning atmosphere for the children.
- ☆ The purposes of an informal health check are to visually check for a variety of physical and behavioral symptoms, to assess the health and hygiene practices of each child, and to prevent the spread of illness among the children. The informal health check should be completed before the parent leaves.
- ☆ Caregivers can help young children improve handwashing and other hygiene practices with consistent positive attitudes, modeling, and reinforcement.
- ☆ Responsibility for helping with serving and cleanup, eating skills, appropriate table manners, and information about foods and food sources are important concepts to be learned with eating routines.
- ☆ Early experiences related to toilet training can affect a child's self-image and attitudes about sexuality. To shame a child who is not toilet trained or to make a child feel "dirty" because of an accident is cruel and may harm the child's emotional development.
- ☆ When teaching children to dress themselves, simple directions should be given in the correct order. Allow children to follow one direction before giving another.
- ☆ When children show a lack of interest in activities, become cross or whine, cry for no apparent reason, or change from their usual behavior, they may be showing signs of fatigue. Rest is necessary to young children for growth and good health.
- ☆ Caregivers should provide the physical environment, the time, and the emotional climate for children to learn housekeeping skills along with other skills for helping themselves.
- ☆ Smooth transitions between activities guide behavior by providing guidance to children throughout the day. They also prevent long waiting periods, confusion, and disruptive behavior.

Chapter 12

Principles and Theories of Development

Chapter Focus

The following Essential Knowledge and Skill is discussed in this chapter:

5A Apply the major learning theories when planning developmentally appropriate learning experiences for children.

Chapter Vocabulary

associative play
behaviorism
cephalocaudal growth
child development
cognitive development
cognitive theories
conventional moral reasoning
cooperative play
developmental stages
developmental tasks
environment
erogenous zone
free association
maturation
morals
motor skill development
observational learning
parallel play
peers
postconventional moral reasoning
preconventional moral reasoning
principles of development
proximodistal growth
psychoanalysis
sensitive period
sequence
solitary play
theory of development
zone of proximal development

Learning the theories and principles of growth and development is important in order to understand children better, to know what to expect of children at certain ages, and to identify developmental problems. Because there are many theories about growth and development, it is important to know how experts view the various aspects of child development.

PRINCIPLES OF GROWTH AND DEVELOPMENT

The study of how children become older adults is called ***child development***. While each child is unique in some ways, each tends to follow certain predictable patterns. These predictable patterns of growth and development are called principles. ***Principles of development*** do not fit any one individual exactly, but are only general developmental guides.

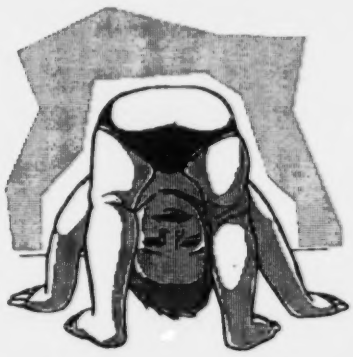
Growth and Development are Gradual and Continuous

The first principle of growth and development is based on the fact that growth and development take place gradually and continuously. A child grows and develops in small, continuous steps. The ability to walk is not easily obtained. It is the result of months of maturing and practice. A child first develops the motor skills required to crawl and pull up in a standing position; then he or she works for weeks or months to develop the skills required to walk. The encouraging aspect of this principle is that good development will not suddenly reverse since it has been gained in a series of unbroken steps. The principle also suggests that an individual behind in development can be helped at a later point in life, as long as the lag is not associated with the growth of the body. For example, someone who has not learned to read during childhood can still learn, even in later adulthood.

The negative aspect of this principle is that poor growth and development are difficult to reverse. For example, a child who has persistently lacked the nutrients to grow and thrive would require months on a nutritious diet to restore health. If growth in certain areas of the body, such as the bones or brain, has completed during this period of poor nutrition, therapy cannot reverse the growth deficits.

Growth and Development Constant

An individual's growth and development is relatively constant throughout the life span. How a child looks and acts today is a good indication of how the same child will look and act in the future. For example, shy two-year olds tend to be shy adults. Children who are



athletic in the early school years are likely to be athletic in high school.

There are two explanations of this constancy. First, people usually live in similar environments for the majority of their lives. For drastic changes to occur in growth and development there must be drastic changes in environment. Second, heredity plays a large role in many of the traits that provide constancy, and heredity does not change.

Growth and Development Occur at Different Rates

Rates of growth and development differ throughout a person's life and from person to person. Through research, experts have charted the typically rapid and slow periods of growth and development. Height and weight usually increase rapidly in infancy, moderately during the preschool years, slowly in the elementary school years, and rapidly again throughout junior high and high school.

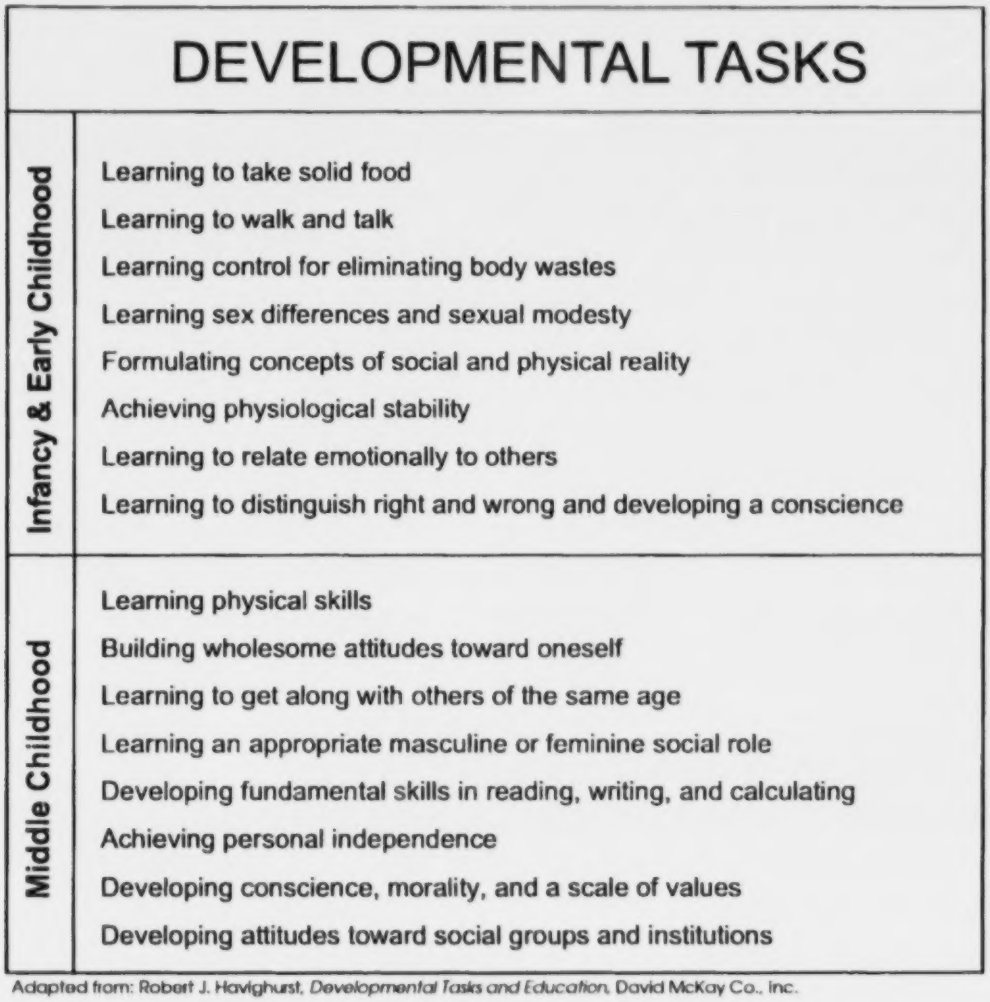
Among children of the same age group, growth and development can differ considerably. Although most children follow the same order or sequence of development, the rate of change varies. This is due to each child's different and unique environmental, motivational, and hereditary influences. Children must live in a good environment for their growth to occur at a healthy rate. If the environment is lacking in some way, growth and development may suffer. Children's personal desires to achieve, or their motivations, also cause differences in their rates of growth and development. Also, heredity determines different growth rates among children. For example, during childhood, females' bones and organs are more mature than those of males.

Growth and Development Occur in Sequence

In both physical and cognitive development, children go through a sequence of stages that can be predicted. These are called ***developmental stages***. Most children pass through the same stages in the same order. ***Sequence*** is the order in which these changes occur. Although the sequence of changes is the same, the time when theses developmental stages occur may be considerably different among children. The age when certain changes occur is not as important as the order of the changes. Age becomes a concern only when a child is extremely slow to develop.

Children learn certain tasks and most easily at particular points in their development. These tasks are called ***developmental tasks***. Children do not move on to the next level until they master the tasks for the present level. Several experts have developed theories concerning the tasks that children should master at particular levels of development. Figure 12.1 shows tasks that Robert Havighurst, a psychologist and researcher, identified as needing to occur during two stages of childhood.

The point in a child's development during which he or she is most open and ready to learn a particular task is called a ***sensitive period***. Trying to teach a child a task before or after this sensitive period will be more difficult and frustrating than teaching the task at the appropriate time. For example, in language development, normal babies coo and babble, even if no one talks to them. However, they may have trouble learning language



DEVELOPMENTAL TASKS	
Infancy & Early Childhood	Learning to take solid food Learning to walk and talk Learning control for eliminating body wastes Learning sex differences and sexual modesty Formulating concepts of social and physical reality Achieving physiological stability Learning to relate emotionally to others Learning to distinguish right and wrong and developing a conscience
Middle Childhood	Learning physical skills Building wholesome attitudes toward oneself Learning to get along with others of the same age Learning an appropriate masculine or feminine social role Developing fundamental skills in reading, writing, and calculating Achieving personal independence Developing conscience, morality, and a scale of values Developing attitudes toward social groups and institutions

Adapted from: Robert J. Havighurst, *Developmental Tasks and Education*, David McKay Co., Inc.

Figure 12.1

beyond babbling if they do not begin to hear spoken language during the sensitive period that follows cooing and babbling.

Growth and Development Have Interrelated Parts

The physical, cognitive, social, and emotional aspects of growth and development interact with each other in complex ways. For example, as children's motor skills improve, their physical skills improve. As children play with others and join in physical activities, their social skills improve. With improved social skills, children can interact with others and exchange ideas and information. This improves their cognitive skills.

The relationship that each person creates with the surrounding world is a process of mutual influence. Understanding this interrelationship helps adults provide children with an environment that allows all aspects of development to be expressed and to flourish.

◆ Essential Questions: ◆
Principles of Growth and Development

1. What are the five principles of growth and development?
2. What are the differences between developmental stages and developmental tasks?
3. Why is the age when certain changes occur not as important as the order of the stages?

THEORIES OF DEVELOPMENT

A ***theory of development*** is a systematic statement of apparent relationships or underlying principles concerning development. Most developmental theories can be classified in four major theoretical categories: biological, learning, psychoanalytic, or cognitive. Within each category are several theories that generally agree about the relationships and underlying principles that control development, although each theory varies slightly. The principle that divides the categories is about what determines patterns of growth and development. The first argument is that growth and development are determined by heredity. The second is that growth and development is determined by the environment.

So, are growth and development determined primarily by internal forces (like traits inherited from parents), by external forces found in the environment (like familial influence), or by some combination or interaction of the two?

Biological Theories

Biological theories of development propose that people are born with a genetic plan. This genetic plan determines developmental patterns that all humans have in common, such as the order in which development occurs, as well as patterns that are unique to each individual, such as temperament or hair color. This plan proves a basic framework for development, but development is not considered to be unaffected by environmental influence. All of the circumstances, conditions, and influences that surround and affect the development of a person make up his or her ***environment***. A healthy environment that supports and promotes development is required for the normal unfolding of a predetermined plan of development.

The ways in which a person's genetically determined developmental plan unfolds can be altered by environmental experiences. For example, consider a child who has inherited the tendency to be tall. If the child develops throughout childhood without receiving adequate amounts of the nutrients required for growth, he or she will not reach full height potential. The healthy unfolding of the child's genetic plan would be altered due to an unsatisfactory nutritional environment.

Another proposition of biological theorists is that environment not only influences

BEST COPY AVAILABLE

individual development, but personal characteristics affect the ways the environment responds to a particular individual. For example, people may respond more negatively to an aggressive child than to a more mild-tempered child. Therefore, a relationship exists in which the child influences the environment and the environment influences the child.

Biological theorist Arnold Gesell's Developmental Maturational Theory uses a biological basis to explain why all humans develop in a similar sequence. Gesell proposed that children's behavior follows a pattern that is somewhat predictable because it is directly linked to their overall development and maturation. ***Maturation*** is the process by which a person becomes fully grown or developed. Gesell proposed that maturation is internally determined and relatively independent of external environmental influences. He did not, however, completely deny the role that culture, family, and other environmental influences could play in determining behavior. Gesell also stressed that each individual will develop in his or her own time. A child's developmental progress should be judged according to his or her personal developmental timetable rather than compared with development of peers.

Biological theorists believe that a child should be allowed to develop at his or her own pace since the process of growth and development are internally controlled. Pressuring children to achieve beyond their maturational level is seen as unrealistic and detrimental to the child's self-esteem.

Learning Theories

Learning theories of development place a very different emphasis on the factors that influence development than biological theories do. Basically, learning theories credit the environment as the primary source of developmental influence. They propose that with the exception of basic reflexes, people are not born with a set of behaviors. Behaviors must be learned. Learning theorists do not completely reject biology as a source of developmental influence, but they believe such factors as hormones and inherited tendencies affect behavior only slightly. In recent decades, the traditional and social learning varieties of the learning theory have been predominantly accepted over other varieties.

Traditional. Traditional learning theory credits the environment as the primary source of developmental factors. This approach is called ***behaviorism***, and it explains child development as the increasing sum of the responses people learn from their environment. When a person exhibits a particular behavior, he or she is either rewarded or punished for that behavior. Any behavior that is rewarded will be more likely to occur again, while any behavior that is punished will be less likely to occur again. Behaviorism focuses on objective, observable behavior (what the organism actually does), not on the thoughts

or feelings of an organism. Behavioral scientists do not believe that children are born with a program of behaviors but with basic reflexes only. Children change their behaviors as they experience new environments that require new behavioral responses.

Behavioral scientists see the difference between child behavior and adult behavior as quantitative rather than qualitative. A qualitative difference means that adult behavior is somehow better or more mature (higher quality) than children's behavior. A quantitative difference means that adults have a greater number (quantity) of behaviors from which to choose than children do. Behavioral scientists believe adults have been exposed to more environments. Therefore, they have more possible responses in their behavioral set. Behavioral scientists do not completely reject the effects of biological factors but believe such effects are minimal.

Social Learning Theory. Social learning theory supporters believe that new behaviors are learned primarily through observing the behavior of others. This process is called ***observational learning***, or modeling. Common patterns of behavior in a particular age group can be attributed both to shared behavior models and to similar cognitive and motor skills. Two people exposed to the same environmental stimulus will learn different responses if they differ in motor skill and cognitive capacity.

Social learning theorists accept the role of some observable processes, such as language and memory, in determining observable behavior. They propose that an individual must have the capacity to mentally process and remember a behavior before he or she can repeat it. Children have a natural tendency to imitate the behavior that they see modeled, especially behaviors of their parents. Research has shown that children tend to model the behavior of people they regard highly and see as similar to themselves.

Psychoanalytic Theories

Psychoanalysis is a method of learning about mental processes and of treating some mental disorders through the use of techniques like free association. ***Free association*** is a technique in which the patient talks spontaneously and without inhibition about whatever ideas, thoughts, or memories come to mind. The psychoanalytic therapist listens for material to surface that has been hidden or repressed in the patient's unconscious mind. The therapist then analyzes the findings and tries to make the patient consciously aware of them, thereby helping to resolve or lessen the patient's conflict between the conscious and the unconscious.

The founder of psychoanalysis was Sigmund Freud, a physician from Austria who specialized in nervous and mental diseases. Freud was interested in personality development because he wanted to understand the origins of deviant behavior in adults. Erik Erikson, a German psychoanalyst and follower of Freud, stressed the social and cultural influences on development.

Sigmund Freud. Freud's basic proposition was that personality is the result of instinctive biological drives. People strive to satisfy these instinctive urges. The most powerful is the sexual drive. This internal push to gratify basic instincts is experienced throughout a person's life span.

The particular type of gratification sought and method for achieving it, however, change as the nervous system matures.

Freud described five psychosexual stages of development. Psychosexual stages deal with the psychological aspects of sexuality in contrast to the physical aspects. Each stage identifies a particular part of the body about which sexual energy, or libido, is focused. The area of the body that is the focus of the libido is called an ***erogenous zone***. Freud believed that maturation of the nervous system determines which erogenous zone is most important at any particular point in a life span. Table 12.1 describes the stages proposed by Freud and Erikson.

Erik Erikson. Erikson proposed psychosocial stages of development instead of psychosexual stages. Erikson's theory emphasizes that conscious choice determines behavior as much as the unconscious instinctual drives. He sees development as a process through which people pass in their lifelong search for a mature sense of identity. This process moves people through a sequence of tasks, each focused on a particular aspect of identity. Erikson views development as continuing over the entire life span, whereas Freud describes development only through puberty.

Both theories agree that development is the result of a child's instincts interacting with his or her environment. Stages cannot be satisfactorily completed unless the environment responds in a conducive, consistent manner. Any unresolved issues from earlier stages will carry over into later stages and negatively affect an individual's ability to resolve them. It is this collection of unresolved issues that leads to an abnormal or deviant personality in later life.

Cognitive Theories

Cognitive theories emphasize the development of thought over other developmental aspects. At the forefront of this theory was Jean Piaget, a Swiss psychologist. Piaget realized the similarities in the development of children's thinking, noticing that all seem to encounter the same mistakes while exploring their world and seem to come to the same conclusions in the end. Piaget believed that some biological developmental force leads children through changes in the quality of their thought. He believed that rather than simply having more thoughts, children begin to think more in depth and with more complexity. His studies led him to divide the cognitive developmental process into four major stages. Table 12.2 outlines these stages.

According to Piaget's theory, children have inborn methods for interacting with their environment. These fundamental plans provide the basis upon which thinking develops. Cognitive development begins when children have new experiences and so must incorporate what they have learned into their original strategies. This progressive change continues to take place as long as children are actively interacting with their environment.

As an individual experiences the childhood and adolescent years, he or she develops ongoing "theories" of the world according to the stage of cognitive development that has been achieved. In order to progress to the following stage, the steps of the previous stages must be passed through satisfactorily. The important factor, above the learning of the skills and physical maturation, is a child's

A Brief Sketch of the Stages Proposed by Freud and Erikson

Age	Freud's Psychosexual Stages	Erikson's Psychosocial Stages
0-1	*Oral stage:* Mouth is the major focus of stimulation; weaning is key task.	*Basic trust versus mistrust:* Infant forms first trusting relationship with caregiver.
2-3	*Anal stage:* Anus is focus of stimulation; toilet training is key task.	*Autonomy versus shame, doubt:* Toddler begins to push for independence.
4-5	*Phallic stage:* Genitals are focus of stimulation; identification with same-sex parent is key task.	*Initiative versus guilt:* Child becomes more assertive, resulting conflict may lead to guilt.
6-12	*Latency stage:* Sexual energy is quiescent.	*Industry versus inferiority:* Child must learn basic cultural skills, such as school skills.
13-18	*Genital stage:* Genitals are again focus of stimulation; formation of mature sexual relationship is key task.	*Identity versus role confusion:* Teenager must figure out who he or she is and who he or she will be.
19-25	(No new stage)	*Intimacy versus isolation:* Adult must form at least one truly intimate relationship.
26-50	(No new stage)	*Generativity versus stagnation:* Adult must rear children or perform some other creative act.
50+	(No new stage)	*Ego integrity versus despair:* Adult must integrate earlier stages and achieve sense of integrity.

➪ *Table 12.1*

unique view of reality. This view is constructed through active interaction and experimentation with his or her environment.

Vygotsky proposed the social cognition learning model. He asserted that culture is the prime determinant of individual development. Vygotsky maintained that humans are the only species to have created culture, and every child develops in the context of a culture. Therefore, a child's learning development is affected in ways large and small by the culture – including the culture of family environment – in which he or she is a part.

Vygotsky said: "Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals" (p. 57).

Another aspect of Vygotsky's theory is the idea that the potential for cognitive development is limited to a certain time span which he calls the ***zone of proximal development***. Furthermore, full development during the

Stages of Development in Piaget's Cognitive Developmental Theory

Age	Stage
0-2	*Sensorimotor stage.* The infant interacts with the world primarily through his senses and the actions he can perform on objects. He does not yet have the capacity to represent objects or people to himself mentally.
2-6	*Preoperational stage.* The child can now represent things to himself internally, but he is still focusing his attention on such external characteristics of objects or people as size, shape, color, and clothing. Still, he uses these features for classifying objects into groups.
6-12	*Concrete operations stage.* The child makes a major step forward in the abstractness of thought. He discovers an entire set of basic rules about objects, such as the fact that they can be arrayed in various orders (from small to large or fat to thin, for example) or that aspects of them remain constant even in the face of external change (which Piaget calls conservation). He also develops the ability to use complex mental operations, such as addition, subtraction, or simultaneous classification of one object into two or more categories (a chair is both a piece of furniture and a wooden object, for example).
12+	*Formal operations stage.* As a final step, the teenager becomes able to think still more abstractly, using deductive as well as inductive logic and approaching decisions and problems with a systematic fashion. He can now think about ideas as well as objects and imagine objects or events that he has never actually experienced himself.

➪ *Table 12.2*

zone of proximal development (ZPD) depends upon full social interaction. The range of skill that can be developed with adult guidance or peer collaboration exceeds what can be attained alone.

◆ Essential Questions: ◆
Theories of Development

1. How would you describe the basic assumptions of biological development?
2. What are the differences between the traditional and social theories of development?
3. How would you explain Freud's basic assumption behind his psychoanalytical theory?
4. What is Erikson's view of development?
5. According to Piaget, how does cognitive development take place?
6. How does Vygotsky's theory compare with Piaget's theory of cognitive development?

BEST COPY AVAILABLE

PHYSICAL DEVELOPMENT

Physical changes in the body happen in a particular sequence and are predictable. The sequence is the same for the skeletal growth of embryos, the maturation of the muscles of infants, and the muscle development of toddlers. Physical development progresses along two major pathways. First, a child's body develops from the head downward. This is termed ***cephalocaudal growth***. Second, development continues from the center of the body outward. This is known as ***proximodistal growth***. Children gain control of their large muscles first and gradually gain small or fine muscle control.

The upper parts of a child's body mature earlier than the lower parts. This means that infants are able to control the area around the head and shoulders before they can control their legs or feet. An infant is first able to control the movement of his or her head before gaining control of the other body parts. Gradually, control of the shoulder and arm region is added, and the developmental progression continues to move downward.

The principle of proximodistal growth dictates that bodily control be gained from the center of the body outward. The muscles nearest the center of the body develop earlier than those toward the outside of the body. An infant first rolls over by controlling the muscles in the chest and trunk areas. Later the shoulders and hands are used to reach out. Next, the muscles in the arms and legs are utilized to scoot or drag along the floor, eventually enabling the child to crawl. Finally, the child is able to coordinate the movement of the wrist, thumb, and fingers that enables the child to play with blocks and other simple toys.

Motor skill development involves gaining control over the movement of various parts of the body. Motor skills develop rapidly during the first few years of life. Control is first gained over the large (gross) muscles than over the small (fine) muscles. Gross muscle control involves use of the whole body in such activities as walking, running, climbing, pushing, pulling, and playing with large toys. Fine muscle control allows a child to participate in such activities as eating with a spoon, throwing and catching balls, and putting a puzzle together.

Based on the patterns and principles of physical development, activities should be planned for young children that best promote the development of muscles and their coordination. Young children need the opportunity for vigorous, energetic play. Sitting for long periods is unhealthy and almost impossible for children who are trying to master their physical skills. Climbing equipment, tunnels, wheeled toys, and space for running, rolling, and tumbling encourage better physical development of children.

Later, when developmental energy is focused more on the fine muscles, activities that are beneficial to such development should be included. Coloring with crayons or manipulating small toys are activities that stimulate children to practice using their

smaller muscles. Children should not be forced to participate in too many fine muscle exercises at first. They should be allowed to gradually gain muscle control and learn to enjoy these activities.

Other factors that must be monitored in order for a child to develop optimally are proper nutrition, adequate rest, and protection from accidents and diseases.

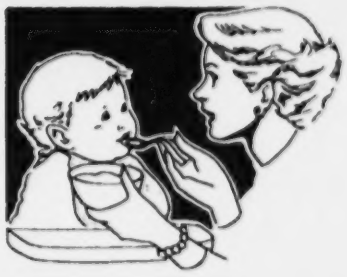
◆ *Essential Questions:* ◆
Physical Development

1. Along what two major pathways does development progress? Explain each.
2. What kinds of physical activities should be planned for young children?
3. What are some other factors that must be monitored in order for a child to develop optimally?

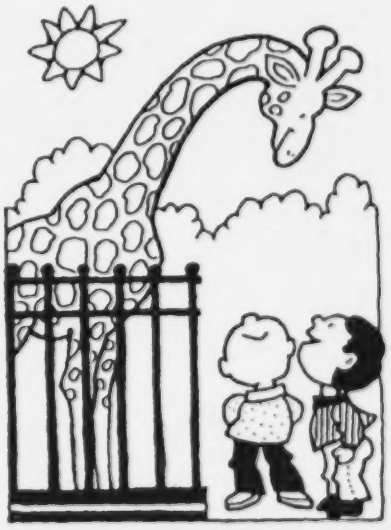
COGNITIVE DEVELOPMENT

Cognitive development is mental development gained through learning. Intelligence and mental ability can be defined in many ways. Many experts agree that intelligence is concerned with the inborn mental capacity to learn, think, and judge. Learning occurs when a child's experiences after birth interact with this capacity. This learning influences how much the child's intellect, or mental ability, develops. Cognitive development in children is measured in terms of the developmental tasks they can perform at certain ages. Learning first occurs through use of the five senses – seeing, hearing, smelling, touching, and tasting.

In order for children to learn, activities are required that stimulate the senses. Most increases in ability occur simply as a result of normal growth and maturation. Most children have the natural instinct to explore and discover their surroundings. They possess an inborn desire to experience sights and sounds. Learning may also result from opportunities provided by an adult that enhance a child's natural desire to explore and learn. A trip to the zoo, for example, can spark an interest in learning about animals. Trips to the mall, colorful toys, and simple songs all can provide learning experiences for a child.



Sensory experiences form the basis for a great deal of learning. Through sight, children learn to compare and identify colors, sizes, shapes, numbers, distances, positions, and other qualities of objects. Through hearing, children are able to communicate with and learn from others. They also learn to distinguish the origin of a certain sound and what it typically represents.

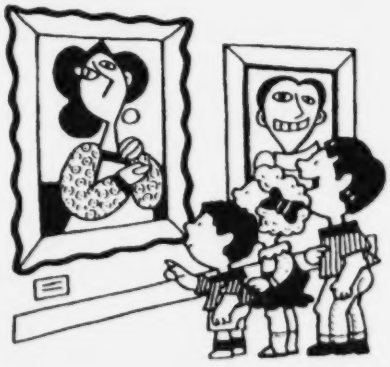


Through touch, children learn how things feel. Smelling primarily adds to or detracts from the enjoyment of a particular situation but can also detect danger, such as warning of fire or harmful odorous gases. Taste adds pleasure to the task of learning to eat and drink various foods. If a child's senses fail to function properly, he or she must be cared for by the appropriate professional to prevent the condition from impairing development. For example, a child who cannot hear properly will have difficulty learning to speak and should be taken to an audiologist for a hearing evaluation.

The development of language is a vital aspect of overall cognitive development. Language is symbolic, which means that a word can be used for an object, place, or idea. Children learn language partially through imitating adults. For this reason, adults should consciously strive to set good examples and use correct grammar. It is important to provide activities that encourage children to talk and to include them in conversation. Attentive listening is also important. Parents and caregivers should avoid being critical of children's speech. Criticism may prevent children from talking freely. Two signs of cognitive growth are a child's ability to understand more words and ideas and to have a longer attention span.

Guidelines to follow when helping children learn about their world include the following:

- Keep children interested and curious.
- Teach children when they are ready to learn.
- Provide surroundings that encourage learning.
- Keep surroundings and activities familiar enough for children to feel secure and comfortable.
- Make learning enjoyable and fun.
- Teach children skills they can use in real life.
- Realize that specific needs of individual children affect their ability and motivation to learn.



Children learn best in healthy physical, emotional, and social environments. For example, it is harder for children to explore and learn in a noisy, cluttered, unplanned setting than in a quieter, more organized environment. When children are worried about family problems or about the constant disapproval of their parents, they find it harder to explore and learn than children who do not have those concerns.

◆ *Essential Questions:* ◆
Cognitive Development

1. How can cognitive development be described?
2. How do children use their five senses to learn about the world around them?
3. Why is language a vital aspect of cognitive development?
4. What are some guidelines to follow when helping children to learn?

BEST COPY AVAILABLE

SOCIAL DEVELOPMENT

Children develop socially as they learn to adapt to the world around them. Social development involves getting along with others, functioning in society, and seeing themselves as individuals within a group. Each child learns acceptable behavior by watching, listening, and imitating others.

A child's self-concept (self-image) plays an important role in social development. Children who develop healthy self-concepts are able to relate to other children and adults positively. They feel good about themselves and have confidence in their abilities. People's reactions to children greatly affect children's self-concepts. A child who has consistent care, encouragement, love, acceptance, and guidance will develop a positive self-concept. Children who feel rejected, discouraged, and are frequently punished are likely to develop a negative image of themselves. To help children develop positive self-concepts, adults should encourage them when they experience failure and recognize their work when they are successful.

Goals to consider when evaluating a child's social development include the following:

- learning to use private time
- developing independence
- getting along with others
- learning to deal with problems
- contributing to the welfare of self and others
- understanding customs and cultures
- communicating thoughts and feelings

Children learn to cooperate with others through their play and come to understand social relationships through trial and error. As they grow older, children progress through four stages of play. These stages are solitary, parallel, associative, and cooperative play.

Solitary play is the first stage of play in the sequence. Up to 18 months of age, a child plays alone with toys. The child makes no attempts to play with other children or adults nearby. Adults should provide toys that the infant can easily handle alone.

Parallel play is next in the sequence. By about eighteen months of age, the child plays beside, but not with, nearby children. Some children watch others as they play. Other children may not pay attention to children who are nearby. In this stage, children are more interested in their toys than in other children.

Associative play occurs when children begin to participate in games or activities together. Most children reach this stage about the age of three or four years. For the first time, an increased interest in ***peers*** (other children of approximately the same age) is noticed. Children at this age often share toys. Some materials that encourage associative play are building blocks, art projects that involve more than one child, and musical instruments.

Cooperative play is the form most often seen in middle childhood (ages five and up). This type of play is seen in the games the younger children play, such as red rover and tug of war. Cooperative play also is involved when older children participate in baseball, soccer, or other organized team sports. In these events, children work together to compete against another team. Cooperative play also is encouraged by some computer games, jacks, and Frisbee throwing.

Some children use all forms of play by adding one onto the others as they develop. Other children may stop using one form of play when the form in the next stage develops and replaces it.

◆ *Essential Questions:* ◆
Social Development

1. How would you describe social development?
2. How do children learn what behavior is acceptable?
3. What are the four stages of play?

EMOTIONAL DEVELOPMENT

Emotions involve feelings, instincts to act, and the mental urges that produce feelings. Emotional outbursts happen more frequently and are stronger at the preschool age than at any other age. Young children have not learned to control the expression of their emotions.

Emotions are important because they help children experience and express wholesome feelings. Positive emotions include affection, respect, love, happiness, delight, excitement, hope, and joy. Negative emotions include anger, fear, hatred, anxiety, disgust, distress, disappointment, shame, and jealousy. Of these emotions, it is common to see anger, fear, jealousy, happiness, affection, and love expressed by young children. It is important to be nonjudgmental and to allow children to express what they are feeling. Adults should model acceptable ways to express both positive and negative emotions.

Anger

Anger may be caused by fear, frustration, jealousy, fatigue, or embarrassment. Expressing anger is one way a child lets out emotions that have been held inside. Signs of anger from a child include biting, hitting, shoving, screaming, spitting, and pinching. Young children may hit or throw a temper tantrum while older children may threaten others and call them names. To control times of anger, remove any unnecessary causes. Allowing a...

BEST COPY AVAILABLE

angry child to become calm before having a personal talk often produces better results. Adults should try to help the child verbalize the anger and suggest alternative coping strategies for the child.

Fear

Common childhood fears include fear of animals, being left alone, falling, loud noises, and strangers. Anything that happens suddenly or unexpectedly usually frightens a child. To help overcome fears, parents or caregivers should help them develop coping skills, such as turning on the lights and opening doors of places where they feel shut in. Ask children what frightens them. Help children cope with their fears by calmly and clearly explaining the causes of things that children do not understand. Give children nonthreatening experiences with the things they fear and allow children to observe others dealing comfortably with the situation.

Jealousy

Jealousy often results when children feel disadvantaged, poor, or unfairly treated. Between the ages of two and five, a child may become jealous of attention given to another child. A child may not understand that attention given to others does not mean lack of affection for him or her. Parents or caregivers should try to reduce the number of times children feel disadvantaged. Each child should be treated as an individual to prevent jealousy. A child should not be compared to another or given more attention than another.

Happiness

Healthy children are usually happy. They like to express their happiness by smiling, laughing, clapping, squealing, and jumping up and down. Parents and caregivers should strive to keep a positive attitude and to communicate this to children.

Affection

Affection is an emotional response that may be shown toward another person, object, or animal. Pleasant experiences result in affection for young children. Affection often develops between siblings and other children of about the same age. Young children enjoy being affectionate to both males and females as friends.

Love

Love is a feeling of deep personal attachment and commitment. Most experts say that it is essential that a child feel loved in order to experience healthy emotional development. A child who does not feel loved will feel rejected and worthless. A child's relationship with the parent or primary caregiver is the most crucial of love relationships. Other caregivers who spend large amounts of time with children can also have a great impact on a child's emotional development. Children can experience feelings of love toward several caregivers without loving the parents less.

All emotions, both positive and negative, are a normal part of a child's developmental makeup. Children should be encouraged to share their feelings openly and not hide them. Emotional behavior is valuable. Children begin to control their emotions during the four to six-year-old period. As emotional development continues, children learn how to show love and to handle negative emotions more constructively. Adults should strive to respect children as unique individuals with their own unique emotional makeups.

◆ Essential Questions: ◆
Emotional Development

1. Why are emotions important?
2. What are some positive emotions? Negative emotions?
3. Why are positive and negative emotions important for a child to experience?
4. When do young children begin to control their emotions?

MORAL DEVELOPMENT

Morals are principles or standards regarding right and wrong conduct. The study of children's morality focuses mainly on the development of moral reasoning – the way that people explain and justify their behavior. The progress of development should move from concern for personal gain to concern for others. The capacity for moral reasoning grows and changes just as other aspects of development do.

A child's family has great influence on moral development, because every family adheres to a specific morality. Based upon the family moral code, philosophies about right and wrong are passed on to children. This moral code may stem from religious values, cultural values, or parental values. Although great differences exist between familial codes, most children seem to pass through the same stages in their development of moral reasoning capacity.

Lawrence Kohlberg extensively studied the development of moral reasoning in children. Based on his research and Piaget's cognitive theory, he devised a timetable for such development. Kohlberg proposes that the higher levels of moral reasoning cannot be reached if the person has not reached the higher levels of cognitive development.

The first stage of moral reasoning is the ***preconventional moral reasoning*** level. Decisions about moral dilemmas in this stage are motivated by fear or punishment or desire for reward from authority figures, primarily the parents. This type of reasoning is typical of children under eight years old.

The second stage of reasoning, conventional, is characteristic between the ages of eight and thirteen. Groups become the primary source of authority rather than parents. The group in authority may be the family, peers, or community. Children adopt the group's definitions of right and wrong without question. Individuals in the ***conventional moral reasoning*** stage want to please other people, uphold the laws of society, and act as a "good girl" or "good boy" would.

Most adults make daily decisions using conventional moral reasoning. Many never graduate to stage three. Stage three is termed the ***postconventional moral reasoning*** level. In this stage, people make moral decisions based on justice. Individuals at this level challenge and change rules if necessary instead of blindly accepting and following the rules set by others. They are concerned with protecting self-respect by examining different systems of thought and doing what they deeply believe is right.

Society teaches children moral behavior through guidance. Guidance is intended to teach children what behavior is acceptable and what behavior is unacceptable according to societal standards. The goal is to motivate children to act in accordance with these standards.

Good judgement is a social concern. However, a child can develop moral ideas only when he or she is able to think and make judgements. Society expects children in middle childhood to know the difference between right and wrong. By age seven, most children have entered the stage of cognitive development that enables them to think in a logical way and solve problems cognitively. This growth helps children begin to understand the rules of games, as well as, the rules of society.

◆ ***Essential Questions:*** ◆
Moral Development

1. How does the family influence the child's moral development?
2. What are the three stages in Kohlberg's theory of moral development?

EARLY BRAIN DEVELOPMENT

Scientists have made many discoveries about how a child's earliest experiences affect the way the brain is organized. According to the *I Am Your Child Foundation*, researchers now confirm that the way a parent or caregiver interacts with their child in the early years and the experiences that are provided or encouraged have a big impact on emotional development, learning abilities, and how the child functions in later life. At the same time, scientists are now learning much more about the biological processes that underlie what we have known.

Scientists are finding that the kind of caregiving that parents provide for their children has an even greater effect on brain development than most people previously thought. They know now that heredity and experience shapes brain development. Because most of the child's brain development takes place after birth, it is important to provide opportunities every day to contribute to the development of the child.

Before birth, a baby's brain cells multiply at an astonishing rate. By the time a baby is born, they have more than 100 million brain cells. These cells are not yet connected in networks as they will be when the brain is mature.

The networks formed by brain cells are crucial. Among other things, they allow thinking and learning to take place. Some experts believe that the baby forms networks of brain

cells in direct response to the world around them.

Babies can look at the expressions on your face. They hear you talking and reading. They feel you holding them or rocking them. They take in familiar smells. They experience the taste of your skin as well as their own. Touch is especially important; holding and stroking an infant stimulates the brain to release important hormones that allow him to grow. The love that a parent has for the child is a power connection between the two of them. But it is the expression of the parent's love that affects the way the brain forms connections.

These connections are miracles of the human body. A single cell can connect with as many as 15,000 other cells. The incredibly complex network of connections that often results is often referred to as the brain's wiring or circuitry. Experience shapes the ways circuits are made in the brain.

From birth, the brain is rapidly making connections. By the time the baby is three, the baby's brain has formed about, 1000 trillion connections – about twice as many as adults have. A baby's brain is superdense, and will stay that way throughout the first decade of life. Beginning about the age of eleven, a child's brain gets rid of extra connections, gradually making order out of a thick tangle of wires. The circuitry that it ends up with is more powerful and efficient. The *I Am Your Child Foundation* can provide more information on early brain development.

◆ **Essential Questions:** ◆
Early Brain Development

1. Why is it important to understand the importance of early brain development?

2. How does caregiving affect brain development?

Chapter Highlights

- ☆ Children are each unique in their development, yet they tend to follow certain predictable patterns. These predictable patterns of growth and development are called principles.
- ☆ Growth and development are gradual, continuous, and constant.
- ☆ Rates of growth and development differ through a person's life and differ from person to person.
- ☆ In both physical and cognitive development, children go through a sequence of developmental stages that can be predicted.
- ☆ The physical, cognitive, social, and emotional aspects of growth and development interact with each other in complex ways.
- ☆ A theory of development is a systematic statement of apparent relationships or underlying principles concerning development. Most developmental theories can be classified in four major theoretical categories: biological, learning, psychoanalytic, or cognitive.
- ☆ Physical development progresses along two major pathways. First, a child's body develops from the head downward. Second, development continues from the center of the body outward.
- ☆ Cognitive development is mental development gained through learning. It is measured in children in terms of the developmental tasks they can perform at certain ages.
- ☆ Social development involves getting along with others, functioning in society, and seeing oneself as an individual within a group.
- ☆ Emotions involve feelings, instincts to act, and the mental urges that produce feelings. Young children have not learned how to control the expression of their emotions.
- ☆ The study of children's morality focuses mainly on the development of moral reasoning – the way people explain and justify their behavior.
- ☆ Scientists are finding that the kind of caregiving that parents provide for their children has an even greater effect on brain development than most people previously thought.
- ☆ Because most of the child's brain development takes place after birth, it is important to provide opportunities every day to contribute to the development of the child.

Chapter 13

Physical Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Chapter Vocabulary

crawling
creeping
fine motor skills
gross motor skills
growth
immunity
infants
locomotion
preschool-age children
puberty
rate
self-help skills
toddlers

Young children experience many changes in growth and motor development. Physical development takes many forms and is influenced by many factors.

The body's systems mature, as well as grow. ***Growth*** refers only to size. Maturation refers to the ability to function properly. Growth and maturation of the physical systems happen according to the patterns of development discussed in Chapter Twelve.

PHYSICAL GROWTH OF CHILDREN

During infancy and toddlerhood, physical changes occur very quickly. The skeletal system, muscular systems, organs, and other systems grow rapidly. At birth, the brain is 20 to 25 percent of its adult size. It grows to about 75 percent of its adult size in two-and-one-half years. Most newborns are between 17 and 21 inches long. By their third birthdays,

toddlers are close to half their adult heights. Normal birth weight is about six to eight pounds, but this weight doubles by four months and quadruples by two years.

Between ages three and five, the average child gains around ten pounds and grows six inches. The body loses its "pot-bellied" look as the trunk grows and makes more room for the internal organs. Growth also increases in the legs. Most of the weight gain during this period is due to the growth of muscles, leading to increased strength.

Between ages five and seven, children have a brief growth spurt. During this period, a child's height and weight increase and the brain grows. This makes learning and control of behavior easier and more efficient. Brain maturation during this time allows children to pay closer and longer attention to things. After this growth spurt, there is little or no actual brain growth until children are approximately eleven or twelve years old.

After the growth spurt between ages five and seven, the height and weight of school-age children continue to change at about the same rate as between ages three and five. They grow two to three inches a year and continue to gain about five pounds each year. By late childhood, girls tend to be about two years ahead of boys their age in physical growth. During the middle childhood years, children gain agility (quickness), balance, speed, and power in their motor abilities. Because growth is fairly slow and steady, their coordination and motor control is good.

Another growth spurt happens during adolescence. Physical changes occur during this period of rapid growth called ***puberty***. The average age for puberty to begin is age 12 for boys and age 10 for girls. During puberty, individuals experience different physical changes and mature at different rates. It is not unusual for puberty to begin in some boys and girls at earlier ages than the average.

◆ *Essential Questions:* ◆
Physical Growth of Children

1. What is the difference between growth and maturation?
2. What is the normal weight of a newborn?
3. At what ages do growth spurts occur?
4. What physical growth changes occur during each of the following age periods?
   - birth to age three
   - age three to age five
   - age five to age seven

MATURATION OF THE NERVOUS SYSTEM

Much of the fast physical development during infancy and toddlerhood is related to the growth and maturation of the nervous system. It includes the brain, the spinal cord, and nerve cells throughout the body.

The brain and other parts of the nervous system are fairly well developed at birth. Different parts of the nervous system develop at different rates. For example, the nerve cells which control the arms and the upper trunk develop before the nerve cells which control the legs.

Infants are not able to make decisions. The abilities to make decisions and control muscle actions develop gradually over a period of several years. Development of the nervous system leads to understanding relationships, developing concepts, and controlling actions.

The nervous system sends information from one nerve cell to another by electrical impulses. Fatty substances develop around each nerve cell to help move electrical messages through the system. Good nutrition and stimulation influence healthy development of a child's nervous system. With healthy development, a child becomes better prepared to control behavior and interactions.

Children are stimulated when their surroundings offer positive experiences encouraging use of the senses. For young children, activities that involve seeing, touching, smelling, tasting, and hearing are especially important. Being exposed to sensitive caregivers also stimulates children.

◆ *Essential Questions:* ◆
Maturation of the Nervous System

1. What three body organs are a part of the nervous system?
2. How is nervous system information moved in the body?
3. How do activities that require use of the senses help development of the nervous system?

MOTOR DEVELOPMENT

As described in Chapter Twelve, motor development is the successful control over the movement of different parts of the body. ***Gross motor skills*** involve the use of large muscles, such as arm and leg muscles. ***Fine motor skills*** involve the use of small muscles, such as finger muscles.

Gaining control over physical actions is a major task of early childhood. In motor development, two changes take place. First, the brain develops more control over muscle movements. Second, the muscles grow strong

enough to move the body parts. Both of these changes depend on practice, as well as physical growth.

Principles of Motor Development

Since physical development moves from the head downward, an infant is first able to control head movements. Later, the trunk and leg controls develop. A child's body also develops from the center of the body outward. Therefore, a child gains control of the trunk first. Later, control of arms and legs, hands and feet, and fingers and toes develops. Children can make big generalized movements before they can make specific, complex motions. Complex movements involve the use of several abilities. For example, to pick up a small object, infants must combine fine motor skills (such as pinching) with gross motor skills (such as moving an arm). These skills develop in a sequence.

Remember that the sequence (order) of motor development is more important than the ***rate*** (speed) of development. All children develop at different rates. A baby who develops faster than other babies is not necessarily "smarter" than other children. While rates of motor development are different, the sequence stays the same. Usually, the differences in development among children are not great. Heredity and environment are two factors that affect the rate and quality of motor development.

Sequence of Motor Development

Children are often classified or grouped by stages of motor control. From the newborn stage until they develop the ability to walk (usually around 12 months old), children are called ***infants***. Children are classified as ***toddlers*** from the time they begin to walk until they are toilet trained (around three years of age). ***Preschool-age children*** (ages three to five years) are older than toddlers but younger than school-age children.

Motor Development of Infants

During the first three months of life, an infant is involved in "head" activities. To learn, the infant needs to practice use of vision, hearing, taste, and smell. When stimulated, infants usually turn their heads toward or away from the stimuli. Head movements are usually controlled by the end of the first three months.

When an infant is four to seven months of age, he or she learns to control trunk and arm movements. During this time, the infant begins to roll over and tries to sit. Vision and arm movements are combined, and the infant develops control over reaching. The infant begins to have better use of the hands but still has very little control of fingers.

Motor development is rapid during age six to nine months. Sitting and rolling over are mastered. Objects can be held and manipulated easily. Control over leg movements helps development of ***locomotion*** (the ability to move around) which begins during this period. ***Crawling*** is mastered by pulling and pushing the body across the floor with arms and feet.

During months nine to twelve, greater control over the lower parts of the body is gained. Infants also learn to combine use of motor skills already mastered. They learn to move about by ***creeping*** (keeping the trunk clear of the floor). Later, they pull up from a sitting to a standing position. A later stage involves walking while holding onto something for support.

Motor Development of Toddlers

Around the infant's first birthday, locomotion skills improve. At this time, infants may learn to stand without holding onto anything. This happens shortly before the child's first steps are taken.

Around this time, there is also an important development in fine motor skills. The toddler learns to grasp small objects with the thumb and forefinger. Combined with better locomotion, this skill allows the child to explore more parts of the surroundings. Buttons, bugs, and other small objects can be closely inspected. A child must use eye-hand coordination at this stage. Children often combine such inspections with oral motor skills like biting, sucking, and swallowing. Because of these new abilities, caregivers must be careful to child proof any area where toddlers can remove objects that could be dangerous to them.

By the middle of the second year (around 18 months of age), a child has developed good walking ability. These children have become skilled at feeding themselves with spoons. Abilities to move and have some control over motor skills change an infant into a toddler.

By age two, toddlers can easily walk backwards and run, due to greater control over feet and toes. They may master walking up stairs. However, when walking, toddlers keep

their legs apart in order to keep their balance. Kicking, throwing, and scribbling become common activities. Since children have mastered several gross and fine motor skills, more ***self-help skills*** (tasks they can do for themselves) develop. Children at this age are able to do simple tasks but need close supervision and some assistance. As toddlers practice their new skills, caregivers must practice patience and show a sense of humor.

Between the ages of two and three, toddlers begin to control movements well enough to put on some of their clothes. By three, they begin to dress themselves. Between the ages of two-and-a-half and three years, most toddlers gain control over their bladders and bowels. A child at this age can stack or balance blocks and have enough balance to jump in place. At age three, children can pedal tricycles or wheel toys. During this time, a toddler's physical control helps him or her to move into the preschool years.

Motor Development of Preschoolers

Sometime during the third year, toddlers begin to look less like infants. The control which preschoolers have over many of their physical functions becomes more refined.

Motor skills continue to develop during the preschool years, especially in the hands and feet. Gross motor skills improve as large muscles mature. Children at this age also become better able to control wrist and finger movements as they practice fine motor skills. It is important that children learn to use fine and gross motor skills together during these early childhood years.

Three-year olds can run, jump, hop, walk on tiptoe, and ride a tricycle. They scribble with large crayons and pencils and cut around shapes with blunt scissors. Most four-year olds can climb ladders, jungle gyms, and trees. They can cut close to a line with scissors but still need help with a knife to cut meat at meals. Many five-year olds can use a knife and fork or a pencil with increasing skill and ease of movement. Many can walk heel-to-toe, skip rope, and catch balls. Play is very important in the development of these skills. As children play, they practice, and as they practice, they mature.

Motor Development of School-age Children

The child's control of motor activities continues to mature during the school-age years. During these middle years, children gain quickness, balance, speed, and power. Because growth is fairly slow during these years, most progress is made in coordination and motor skills.

◆ **Essential Questions:** ◆
Motor Development

1. What is the difference between gross motor skills and fine motor skills?

2. Why is it more important to be concerned about the sequence than the rate of a child's physical development?

3. What major steps in motor development occur during the following stages?
   - infancy (birth to age of first walking)
   - toddlerhood (walking to three years of age)
   - preschool years (three to six years of age)
   - school-age years (six to twelve years of age)

FACTORS AFFECTING PHYSICAL DEVELOPMENT

Growth and maturation of the physical systems can be affected by many factors early in life. Examples of factors that promote healthy development include proper nutrition and feeding methods, proper rest, and protection from accidents and disease. When a child is inactive, listless, or far behind in the development of motor skills, professional help should be sought.

Nutrition

For the first two years of life, poor nutrition can be especially harmful to brain development. Infants and toddlers need the correct balance and amounts of calories, proteins, fats, carbohydrates, vitamins, and minerals. Nutrients found in a mother's breast milk and infant formulas are usually well-balanced. If cow's milk is used, it should be used with other foods or supplements rich in iron and vitamin C.

If a mother eats healthful foods, her breast milk has the closest to "perfect" balance of nutrients. However, anything she eats or drinks, from onions to drugs, will affect the baby through her milk. Most baby formulas also provide the right balance of nutrients and are safe when stored and prepared as directed.

During the preschool years, nutrition continues to be important to development in all areas. Preschoolers need more protein per pound of body weight than adults need. Even though preschool children are active, their growth and their need for food slows down.

BEST COPY AVAILABLE

Children should not be forced to eat. If children are healthy and nutritious food is provided, they will naturally eat when their bodies need food.

Children often need a snack to give them enough energy between meals. Snacks should be healthful foods like fruit, juice, cheese, vegetables, sandwiches, or milk. High carbohydrate foods with empty calories, such as candy, fill their stomachs but do not meet nutritional needs. It has been found that such foods cause some children to be too active. Such excess activity is usually followed by a time of sleepiness and inattentiveness.

Many children in our society do not receive a nutritious diet. School meal programs and social programs help this situation. Many of these programs are available only to the very poorest people. When children do not eat properly, physical development, learning, and motivation can be seriously harmed.

Methods of Feeding Children

The methods used to feed children also affect development. When fed with bottles, babies should be held. (Texas child care licensing standards require that babies fed with bottles be held for feeding until they are six months old or until the baby can hold the bottle.) Bottles should never be propped up into infants' mouths while they are lying in their cribs. This method of feeding increases chances of choking, may harm tooth and mouth development, can lead to ear infections, and prevents babies from being held by caregivers. Physical contact with caregivers is very important to development in infants. Propping baby bottles in cribs also results in forced feedings because no caregiver removes the bottle when the infant shows a need to stop eating.

Newborns drink a small amount of milk about every two hours. As they mature, they eat fewer times but need more at each feeding. Most doctors recommend a flexible

feeding schedule for newborns. Infants become uncomfortable and irritable when they get hungry. As they mature, they are able to wait longer periods for food before they become too uncomfortable. As they grow older, infants learn that they can trust caregivers to feed them. They may learn more patience in waiting short periods of time for their food.

Most infants eat soft cereals and strained foods by the middle of the first year. Pediatricians frequently recommend that solid foods not be fed before this time because the infant's body cannot digest solid foods. Some experts believe that feeding solid foods too early may lead to allergies later in life. Feedings should be given with a spoon while the infant is sitting in an upright position. As soon as they are able, infants should be allowed to practice feeding themselves.

During the last half of the first year, infants begin to cut teeth. They are unable to chew well until late toddlerhood. Because of this, infants should not be given tough, fibrous or stringy foods, or any foods that need to be chewed well. Raw carrots, wieners, and peanuts are leading causes of choking in infants and toddlers.

As growth slows down during the second year, toddlers and preschoolers need less food per pound of body weight. It is normal for them to have a decrease in appetite. Children should not be forced to eat amounts which

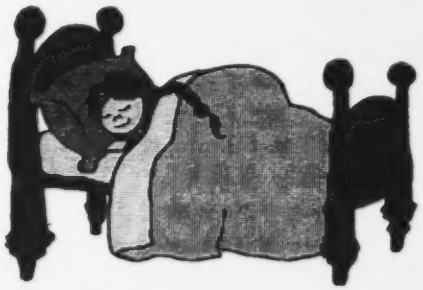
may be too much for them. Children of all ages should be encouraged to eat nutritious foods and avoid empty calorie foods.

The emotional climate during meals is also important to physical development, as well as to social and emotional development. Feeding problems are more likely to develop later if food is forced or denied during the first years.

Rest

Newborns may sleep 20 hours or more each day. By the end of the first year, most infants will sleep 14 to 18 hours per day (10 to 12 hours at night with morning and afternoon naps). The need for sleep changes and levels off in adolescence to seven to eight hours per day.

Preschool children are very active and need adequate rest. Most preschoolers need 10 to 12 hours of sleep at night and a nap during the day. Even when young children do not sleep during nap time, it is best if they lie down and rest. Children are able to relax and rest more easily if caregivers are consistent and follow a set routine for resting and sleeping.



Safety

An important factor affecting physical development in early childhood is accidents. Because young children are curious and active, they may get hurt. Falls, cuts, scrapes, and burns are common accidents among toddlers and preschoolers. Infants can be smothered by soft pillows and strangled on window shade cords. Caregivers must control the environment as children learn to control their impulses. When young children are busy with play, they often do not remember warnings. Small children are not capable of thinking of several things at the same time because of the limits of their nervous systems. Young children must be supervised when playing, and all medicines and other potentially harmful substances must be kept out of their reach. To insure healthy physical development of children, caregivers must provide safety in the environment without overprotecting children.

Immunizations

Infants and toddlers are especially vulnerable to disease. A mother's breast milk provides a child with ***immunity***, or protection, from many diseases. However, this effect does not last long. Though a mother's breast milk provides some immunity, it is not a substitute for immunizations which are recommended for children.

Many serious childhood diseases can be prevented by injections (shots) or oral immunizations, beginning at about two months of age. As discussed in Chapter Seven, some of the diseases that can be prevented through immunization are diphtheria, tetanus, red measles, German measles, polio, whooping cough, and mumps. Since some diseases can be deadly or crippling, immunizations are very important to the health of children.

Childhood Illnesses

Some children suffer from illnesses more often than others. Many young children have frequent upset stomachs and colds. Ear infections are also common since the tubes connecting the ears to the nose and throat are still not fully developed. An ear infection needs immediate attention to prevent serious illness.

Young children usually recover from minor illnesses quickly if cared for properly. Proper rest and good nutrition help prevent illness and help sick children get well faster.

◆ Essential Questions: ◆
Factors Affecting Physical Development

1. How is growth influenced by proper nutrition?
2. When should solid foods be introduced to infants? Why?
3. What are the sleep and rest needs of infants and young children?
4. Why are immunizations very important to the health of children?

Chapter Highlights

- ☆ Growth and maturation of the physical systems happens according to certain patterns of development. Growth refers only to size. Maturation refers to the ability to function properly.
- ☆ Many physical changes take place during infancy and toddlerhood. By their third birthdays, toddlers are close to half their adult heights. Normal birth weight doubles by four months and quadruples by two years.
- ☆ The general growth rate slows between ages three and five. Most of the weight gain of this period is due to growth of muscles. The muscles gain strength as they grow and are used.
- ☆ A brief growth spurt occurs between ages five and seven. Brain growth is also rapid at this time, making learning and control of behavior much easier and more efficient. Another growth period occurs when puberty begins.
- ☆ Healthy development of the nervous system depends on good nutrition and adequate stimulation.
- ☆ Motor development is the successful control of movement of different parts of the body. Motor skills are divided into two categories: gross motor skills and fine motor skills.
- ☆ The sequence (order) of motor development is more important than the rate (speed) of development. All children develop at different rates.
- ☆ Children are often classified or grouped by stages of motor control. These groups are infants (birth until children begin to walk); toddlers (from the time children walk to three years of age); preschool-age children (ages three to five years); and school-age children (six to twelve years of age).
- ☆ Many factors affect physical development. These factors include immunizations, illnesses, rest, nutrition, feeding methods, and safety.

Chapter 14

Emotional and Social Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.

Chapter Vocabulary

autonomy
discipline
gender identity
inherited traits
negativism
parenting
pre-moral
separation anxiety
stranger anxiety

Helping children with emotional and social development is an important job. During early childhood, children develop basic social relationships and learn certain emotional responses. Influences from the child's environments and personality traits affect this area of development.

EMOTIONAL AND SOCIAL DEVELOPMENT OF CHILDREN

Emotional development is closely related to the development of self-concept. Self-concept (or self-image) is how individual children view themselves. A child who feels that he or she is "good" usually has a positive self-concept and shows emotions in healthy ways. A child's self-concept begins in infancy and is affected by how adults meet the infant's

needs. Self-concept continues to be influenced during the preschool years.

Social development also begins at birth. It continues through early childhood and beyond. Socialization is the process through which children learn the cultural values, attitudes, and beliefs of society. Older children and adults who have positive emotional and social development tend to be good-natured, sincere, friendly, and courteous. They try to be fair and considerate with others. In addition, they tend to be consistent, reliable, loyal, honest, and productive.

Emotional and social development are related to all other areas of development. Therefore, children may develop through stages as they do in other areas. In this chapter, the emotional and social development of infants, toddlers, preschoolers, and school-age children are discussed.

◆ *Essential Questions:* ◆
Emotional and Social Development of Children

1. What is self-concept? How does it develop?
2. What characteristics of an adult or older child are reflective of positive emotional and social development?

EMOTIONAL DEVELOPMENT OF INFANTS AND TODDLERS

Influences present during the first hours, days, and months of a child's life are important to the child's emotional and social development. By toddlerhood, a child shows his or her own patterns of emotional and social behavior.

Every infant has special traits from parents. These ***inherited traits*** cause children to look different. They also influence children to be different emotionally. In addition, a child's environment influences development. Important factors in the emotional development of infants and toddlers include temperament, trust, autonomy, negativism, fears, and consistent care.

Temperament

Some infants accept change easily while others need strict routines. Infants may be easily excited or easygoing, active or passive, hard to soothe or easily comforted. These "personality" traits can influence the care given to the infant. Adults generally enjoy infants who are easy to comfort, but they are less likely to enjoy infants who are hard to soothe. However, infants who are hard to soothe often get more individual attention because of their demands. Caregivers should spend equal time with children in their care and help demanding infants develop self-comforting skills.

Trust

Infants must develop a sense of trust in their caregivers. Infants do not see themselves as separate from their caregivers. Therefore, their emotions depend on how caregivers act toward them. Infants begin to develop trust when adults recognize and fill their needs for food, care, and comfort in a consistent, nurturing manner.

Autonomy

As children develop the concept that they are separate from others, they develop a sense of ***autonomy*** (independence). Caregivers of toddlers must allow them to try out new things. However, toddlers need very close supervision since voluntary control over behavior is limited. Toddlers may be brave one minute but shy and dependent the next. Caregivers encourage autonomy by creating an environment which allows infants and toddlers to be as independent as possible, providing simple activities, and allowing additional time for feeding and dressing.

Negativism

The tendency to say "no" to everything is strong in toddlers. This ***negativism*** is normal and results from their new sense of autonomy. Caregivers who understand this should not feel threatened by negative behavior from a child. They understand that children try out their independence. Some negativism can be avoided. Asking, "Do you want to put on your coat?" invites a child to say "no." It is better to ask, "Do you want to put on your hat or coat first?" Avoid offering young children choices which they do not or should not have. Patience and firmness are needed by caregivers when children are in this stage.

Fears

Infants and toddlers may fear being alone and being in the dark. Their natural response is to cry out when afraid. The fear of being left by parents (***separation anxiety***) and the fear of strangers (***stranger anxiety***) may develop around the middle of the first year.

Toddlers around age two often become very fearful when they begin to develop symbolic thought. Since toddlers cannot tell the difference between fantasy and reality, their dreams may seem real. Children should never be teased or punished for their fears. Instead, caregivers should reassure them of their safety.

Consistent Care

A sense of security may be the most important factor for healthy emotional development during infancy and toddlerhood. Much of this security is found in consistency of caregiving. Caregivers should be dependable in meeting children's needs since children need stability.

◆ Essential Questions: ◆
Emotional Development of Infants and Toddlers

1. How may temperament affect the amount of care a child is given?
2. How is trust developed in an infant?
3. How can a caregiver encourage autonomy in infants and toddlers?
4. What is negativism? How should a caregiver respond to this trait in a young child?

SOCIAL DEVELOPMENT OF INFANTS AND TODDLERS

Children are social beings from birth. They act on the environment and react to it as well. These actions and reactions are the basis for social relationships and communication. From infancy through toddlerhood, a child's social development is influenced mostly by caregivers. Children form strong attachments to adults who care for them. Responses to children should be sensitive ones. The discipline used by caregivers also influences social development.

Responses of Caregivers

Infants and toddlers need caregivers to be sensitive in responding to their needs. Such responses give children a basic sense of trust. They also form the basis for good communication.

Providing appropriate experiences for children based on their levels of development is important. A caregiver who expects a two-month-old to play with a rattle or a four-month-old to play peek-a-boo may be frustrated when the infant does not respond well. These activities are appropriate when the child is older.

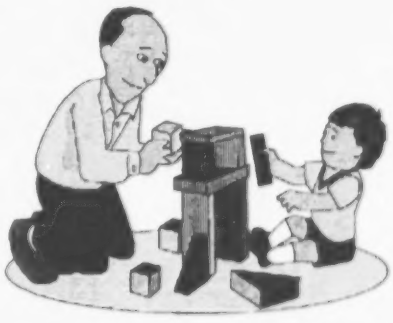
An adult caregiver should learn to view the world from a child's point of view. Infants and young children do not have the mental ability to see another person's point of view. The adult must take the child's point of view if there is to be good communication between them.

Discipline

Guidance and discipline are critical to the toddler environment. As children mature and actively explore their environment, they become more social. Therefore, more limits on behavior must be set. Discipline is not the same as punishment. ***Discipline*** means guiding and teaching children to control themselves and to be responsible for their own behavior. For infants and toddlers, the main purpose of rules is to protect children, other people, and property from harm. Young children cannot remember many rules. Rules should be simple and followed consistently.

Attachment

When someone regularly responds to a child's needs, the child develops an attachment to that person. The development of attachments between infants and adults is important. Children who are secure in their attachments are likely to be more curious and willing to explore their surroundings. It is important for caregivers to perform a nurturing role in order for children to form positive attachments.



Remember that both men and women can carry out a variety of roles when caring for children. Fathers, grandfathers, brothers, uncles, male friends, and other male caregivers are all able to nurture an infant by providing loving care and emotional support. Likewise, mothers, grandmothers, sisters, aunts, female friends, and other female caregivers should be involved in the active play and teaching of children. It is most important that all roles involve sensitive responses to the needs of the child.

◆ Essential Questions: ◆
Social Development of Infants and Toddlers

1. Why is it important for caregivers to respond in a sensitive way to infants and toddlers?
2. What is discipline? What is the main purpose of having rules for infants and toddlers?
3. Why is attachment important?

EMOTIONAL DEVELOPMENT OF PRESCHOOLERS

During the preschool years, emotional changes are important. As preschoolers develop the ability to handle their own feelings, they learn to be better members of society.

Caregivers must balance the need to encourage the preschooler's curiosity and provide appropriate controls. Providing consistent limits helps children learn how to control their behavior. Without limits, young children become very insecure and anxious. The emotional development of preschoolers is discussed in relation to their fears, separation anxiety, language, role taking, self-concept, and gender identity.

Fears

The fears of young children are very real to them. Some fears are good, because they protect the child from danger. Others are hard for adults to understand, but to the young child they are serious. By preschool age, children have had scary experiences and have seen or heard of frightening events. They do not know that the world has more limits than their own imaginations. They may wonder why a monster cannot be under the bed if it can be inside their heads. To the young child who is just developing symbolic thought, a dream may seem just as real as reality. Children's fears do not go away when adults tease, punish, or ignore them. Support, encouragement, and showing children that you are not afraid is more likely to help them.

Separation Anxiety

Often seen in infants and toddlers, separation anxiety usually disappears in early childhood. As the child develops trust that the parents will return, the child has less fear of being abandoned. Of course, separation anxiety may return from time to time when the child is undergoing stress or change. Preschoolers find it easier to adapt to new environments and situations than the toddler does. However, too much change can cause frustration as well as anxiety.

Language

One skill that helps young children handle stress is the ability to talk about their feelings. As language develops, negative behaviors, such as biting, kicking, and hitting, often stop. Children learn to use words rather than actions to express their ideas. Caregivers can help children control negative behaviors by giving them words for what they feel. Caregivers can also show children how they can use words to get along with other people and express emotions in a positive way.

BEST COPY AVAILABLE

Role Taking

Preschoolers are better able to consider the needs of other people than younger children are. The ability to take the view of another person begins to develop at this time, but being self-centered is still very strong. Role taking or pretend play is important for children to develop a positive self-concept and a system of beliefs about themselves.

Self-Concept

As children learn to take another person's view, they see themselves through the eyes of the other person. Caregivers, especially parents, have a profound effect on a child's earliest self-concept. When parents tell children they are "stupid" or "bad," children will believe it and then be more likely to act as expected. When they are praised, children's self-concepts and behavior are affected positively.

Gender Identity

Gender identity refers to how children view themselves as boys and girls. This process is affected by social influences in a child's life. When caregivers believe that boys and girls should behave differently, children may learn to see themselves differently. When caregivers think that boys should not show feelings or that girls are better artists, these ideas are passed to children. "Big boys don't cry" is an example statement that might make boys believe they are not supposed to have feelings. Praising girls for their artwork but not for their running gives the message that girls are supposed to be creative but not physical. Choice of words, tone of voice, facial expressions, and mannerisms can lead children to accept beliefs and ideas which caregivers have. It is important for caregivers to recognize boys and girls for all of their strengths and abilities, regardless of the caregivers' feelings about masculine and feminine roles.

◆ *Essential Questions:* ◆
Emotional Development of Preschoolers

1. How can a caregiver help preschoolers cope with their fears?
2. How can a caregiver help preschoolers control negative behaviors?
3. What is one example of how a caregiver's attitude about gender identity could have a negative effect on children?

SOCIAL DEVELOPMENT OF PRESCHOOLERS

The term ***parenting*** is used to refer to roles of parents. It suggests that the roles of mother and father may not be as different as people have thought in the past. It is no longer enough for a parent to simply be present in the home. Each parent is expected to share feelings and give attention to the parent-child relationship. In addition, other family members and secondary caregivers play important roles in social development.

Parents

The term "parenting" helps us to examine the process of rearing children. Nurturing is always needed from parents because a child must feel cherished, valued, and comforted. However, it becomes necessary to treat a child with firmness sometimes. In rare circumstances, caregivers must even be severe (without being abusive) in treatment of children. Parents need to find a healthy balance between the different values that used to be thought of as "feminine" and "masculine." Both mothers and fathers need to show firm authority, tenderness, and concern.

Parents play an important role in the social development of children. As stated in Chapter Fifteen, nurturing affects the cognitive development of children. The early nurturing and bonding between parents and infants also affects the future relationships which children have. As a child grows older, parents' attitudes, actions, and beliefs influence the child's social development.

Siblings

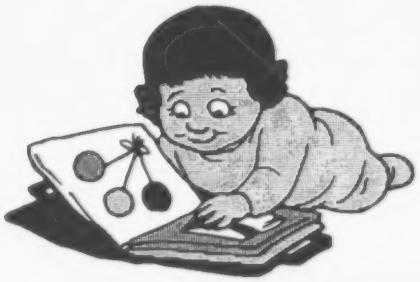
Other family members affect the social development of the young child. Siblings, or brothers and sisters, play an important role in how children learn to relate to peers. Siblings can also have a big influence on a child's self-concept. There is evidence that siblings can make a difference in a child's cognitive development. When a child has an older sibling, information about how the world works and how to communicate is passed on to the younger child. When a child is an older sibling, there is a chance to teach the younger sibling. Teaching others is a good way to learn something well.

Extended Family

Extended family members, such as grandparents, aunts, and uncles, can provide important roles in social development. They can provide young children with more attention and experiences than parents can alone. They can also have a positive effect on a child's developing self-concept. This outside influence may be most important in cases where a parent is absent or a parent affects a child's self-image in a negative way.

Peers

Peers are also an important part of the young child's life. Interaction with peers allows children to learn valuable social skills. It also expands their world so that cognitive development increases. Through play with other children, preschoolers begin to understand the world and where they belong in it. During this period, true social relationships with peers begin as children learn to share and take turns.



Secondary Caregivers

Child caregivers can play a major role in the social development of children enrolled in child care. Caregivers have the chance to influence children's interactions with peers in a group setting. They can teach preschoolers

to help, comfort, and share with playmates. These lessons help children learn to treat each other as people rather than objects.

Moral Development

Children through age six are considered ***pre-moral***; that is, they are unaware of moral rules or values. The pre-moral child is guided by external rules and expectations of obedience. These young children think of "good" and "bad" in terms of obedience. Moral behavior is motivated by the expectation of rewards or the avoidance of punishment.

◆ Essential Questions: ◆
Social Development of Preschoolers

1. Who plays an important role in a preschooler's social development?
2. How can a caregiver help preschoolers learn social behaviors?
3. What roles do siblings and peers play in social development?

EMOTIONAL DEVELOPMENT OF SCHOOL-AGE CHILDREN AND ADOLESCENTS

Emotional and social factors play an important role in physical development during the school years. Physical development also has important effects on emotions and social interactions. Through these stages, emotional, social, cognitive, and physical factors of development affect each other. As children grow older, these relationships become even more complicated.

When children learn to control themselves physically and have good social interactions, positive emotional development usually occurs. A good feeling about physical and social development leads to a child having a positive self-image. Today, there are more after-school child care programs for school-age children than ever before. Through these programs, caregivers have chances to help school-age children develop positive self-images.

When children are young, they are likely to be afraid of people and things they do not understand, like death. They are unable to think in an abstract way about what it means to die. A child may even think a person's death is his or her fault. In general, children in unstable family situations tend to be more insecure and fearful.

At age eleven or twelve, children develop the ability to use abstract thinking. Usually, the first thing they think about is themselves. They start understanding that others have thoughts about their thoughts. They may work hard to keep others from knowing what they are thinking. This leads to a self-centered fear of what others think of them. Fears of bodily injury are also common at this age.

During the preteen years, physical and cognitive changes cause children to become more aware of and self-conscious about their bodies. Their self-images begin to be affected by physical signs of maturation. They may feel that they are maturing too early or too late. There is a wide range of differences in development among children at this stage.

Therefore, at the beginning of puberty, children are often not sure if their experiences are normal or not. At the same time, changes in hormones in the body sometimes cause emotions to be out of control. Due to these physical and emotional changes, children may have mood changes which they and their parents do not understand.

◆ Essential Questions: ◆
Emotional Development of School-age Children and Adolescents

1. What factors lead to a positive self-image in school-age children?
2. What fears are common in children at age eleven or twelve?
3. How do physical signs of maturation impact the self-image of preteens?

SOCIAL DEVELOPMENT OF SCHOOL-AGE CHILDREN AND ADOLESCENTS

Social development is an important part of the school-age child's development. Preschoolers have friendships, but they are usually on a short-term basis and on shared play or toys. However, school-age children develop more lasting friendships. They also develop networks of friends. In later childhood, these networks may turn into cliques or crowds.

During grade school, children usually form groups with children of the same sex. These relationships are important for children to develop healthy social relationships later during adolescence. At this age, children start identifying more with boy and girl differences. Caregivers should encourage them to develop both the "masculine" and "feminine" parts of their personalities. All children should be encouraged to reach their full potentials as human beings. Otherwise, children's interests and abilities may be limited because of stereotyped ideas caregivers may have. During late middle childhood, a boy or girl may pick an older child of the same sex as a model for their behavior.

Middle childhood is also a time of gaining skills in social situations. Learning the rules of society is important to social development. Learning to understand the actions of another person or to take his or her point of view is an important social skill. Caregivers can promote development of these skills through stories, role play, and discussions. These abilities all relate to each other and to developing a positive self-concept.

Moral Development

School-age children six years through eight years are said to be in the stage of moral realism. These children exhibit rule-bound thinking and behaving. They believe the following:

- rules are rules
- rules cannot be changed
- rules are set by all-knowing authority figures
- the importance of the rule is dictated by the severity of the punishment
- obedience means one is "good;" disobedience means one is "bad"
- punishment is a necessary result of breaking a rule

Older children and adolescents move into the stage of moral relativism. At this level, people use moral principles to make decisions. They take into consideration the whole situation and then make a decision and behave based on internalized values. Individuals in the stage of moral relativism do what is right because of a sense of obligation to laws and standards.

◆ Essential Questions: ◆
Social Development of School-age Children and Adolescents

1. How do preschooler's friendships differ from the friendships of school-age children?

2. How can caregivers promote the development of social skills in school-age children?

3. What is the difference between moral realism and moral relativism?

Chapter Highlights

- ☆ Emotional development is closely related to how individual children view themselves. This view of oneself is called self-concept or self-image.
- ☆ Important factors in the emotional development of infants and toddlers include temperament, trust, autonomy, negativism, fears, and consistent care.
- ☆ The actions and reactions of children with their environment provides a basis for social relationships and communication.
- ☆ From infancy through toddlerhood, a child's social development is influenced mostly by caregivers. Sensitive responses by caregivers, attachment to a caregiver, and fair and consistent enforcing of discipline by caregivers contribute to a child's social development.
- ☆ The emotional development of preschoolers can be seen in relation to their fears, separation anxiety, language, role taking, self-concept, and gender identity.
- ☆ Family members (including siblings and extended family), peers, and secondary caregivers all play important roles in the social development of preschoolers.
- ☆ Behaviors such as helping, comforting, and giving to others begin to develop in the preschool years.
- ☆ During the school-age years, children gain confidence in physical control and in the ability to participate successfully in social interactions. This contributes to positive emotional development.
- ☆ Self-image in school-age children may be affected by the outward signs of physical maturation and the ability to begin to think in an abstract way.
- ☆ School-age children six through eight years of age are said to be in the stage of moral realism. Older children and adolescents move into the stage of moral relativism.

Chapter 15

Cognitive Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

4A Explain how children progress through developmental stages.

4B Determine developmental differences in children of various ages.

4D Explain influences on the physical, emotional, social, and intellectual development of children.

Chapter Vocabulary

babbling
centration
chronological age
circular reactions
classification
cognition
concrete operational stage
conserve
coo
dyslexia
egocentrism
formal operations
functions
identities
intelligence
IQ tests
mental age
object permanence
preoperational stage
process
sensorimotor intelligence
sensory experiences
sensory perception
seriation

Note: In this reference book, cognitive development and intellectual development mean the same thing. Cognitive is the more appropriate term to use.

Many concepts about children's cognitive development are not known. However, through studying children, many concepts have been learned which can help caregivers encourage healthy cognitive development in children. Some of the questions, which are still unanswered, are as follows:

- What effect does socioeconomic status have on cognitive development? How can the differences be avoided?
- Can infants "learn?" Does a person have to be able to read and write to learn?
- Can three-year olds learn to read? If so, should they?
- Can the care given to an infant affect the child's later success in school? If so, why and how?
- Is play important to cognitive development? If so, why and how?

Many of these questions still cannot be answered. However, they do help us become more aware of cognitive development in young children. The questions should help child caregivers be aware of the possible potential of the children with whom they work. Caregivers play important roles in helping children reach their full mental potential.

INTELLIGENCE

Intelligence may be defined as the capacity for reasoning, understanding, and performing similar forms of mental activity. An intelligent person has quickness of understanding, sound thought, and good judgment. The word ***cognition*** means "to know." Intellectual development, mental development, and cognitive development have the same basic meaning.

Intellectual ability cannot be seen in a person like physical development can. However, it can be measured by evaluating a child's ability to perform certain activities. For tests of mental ability to be accurate, they should only be conducted and interpreted by experts who are trained in testing. Even then, the results should be used carefully. Under the best conditions, test results can be misinterpreted. They can also be used in an incorrect way by teachers who find it easier to group students as "bright" or "slow" rather than spending the time to find out their true abilities.

Most of the evaluation of intelligence of school-age children is done through standardized testing in the public schools. The best known of these are the ***IQ tests***, or intelligence quotient tests. These measure the relationship of ***mental age*** (as determined by the test) to ***chronological age*** (actual age in years). However, it has been found that IQ tests are often written so that white, middle-class children understand them better. When this is true, the tests are considered to be culturally biased. As a result, other ways of testing children's cognitive development may need to be used in order to be fair to children from different cultures.

Tests of cognitive ability have also been used with young children, including infants. Since a child's first learning happens through the senses, these tests attempt to evaluate ***sensory perception*** (use of sight, sound, smell, taste, and touch).

Each test should be considered as just one way of measuring cognitive ability. Remember that children, especially young children, develop physically at different rates. There are also differences in the ages at which children reach certain stages of cognitive development. Therefore, tests of cognitive development should be used with caution.

Studies of Deprived Infants

A dramatic study in the 1940s shows how important the infant's surroundings are to cognitive development. The development of two groups of infants in their "natural" environments was studied.

Infants in the first group were reared in an orphanage for children whose mothers could not support them. During the first year of their lives, these infants were kept in cribs with sheets draped on the sides and ends. The only contact the infants had with adults was during feeding and diapering. These activities usually took place in the cribs and the "caregivers" rarely spoke to the infants. However, all of the infants' physical needs were met. They were fed well, kept clean, and kept comfortably warm.

Infants in the second group were babies of delinquent girls who were in prison. The infants were reared in a nursery in the prison. All of the infants' physical needs were met. In addition, the nursery had toys for the children to manipulate, and they could see beyond their cribs. It was most important that they had care from and interaction with their own mothers or full-time mother substitutes.

Infants reared in the deprived orphanage atmosphere did not learn to roll over or even to coo by the end of the first year. Follow-up studies showed that many of them did not learn to walk or talk until they were four or five years old. Many of them had learning disabilities. On the other hand, infants reared in the prison nursery developed normally.

Other studies have shown similar results with infants reared in extremely deprived early environments. It seems clear that depriving children of nurturing care during the first year of life will slow down cognitive development. This is a crucial time because the child's brain is developing physically. These studies also show that having contact with a loving adult in a regular relationship is very important to all areas of development.

◆ Essential Questions: ◆
Intelligence

1. What is the difference in mental age and chronological age?
2. Why is it unwise to interpret intelligence tests too strictly?
3. What were the effects on the children in the 1940's study of infants? What conclusions can be drawn from these results?

STAGES OF COGNITIVE DEVELOPMENT

No one theory of development has all of the answers about cognitive development in young children. However, one expert, Jean Piaget, formed a theory that explains how children go through stages of cognitive development. This theory is emphasized in this chapter.

Sensorimotor Stage (Birth to about two years)

During infancy and early toddlerhood, cognitive (intellectual) development is directly tied to physical development. In fact, children practice using intelligence when they learn to coordinate their motor skills and their senses. Thoughts result from motor activity. The early stage of cognitive development is called ***sensorimotor intelligence.***

During the sensorimotor stage, an infant's understanding of the world is based on what the infant can see and act upon at the moment. For this reason, teachers should provide sensory experiences for infants and young toddlers. ***Sensory experiences*** make use of things that can be seen, heard, touched, smelled, or tasted.

Three stages within the sensorimotor period are circular reactions, object permanence, and symbolic thought. Language development also begins during this stage.

Circular reactions. Infants learn through ***circular reactions***. These are actions made by accident or by reflex. When these actions are noticed, they are repeated, especially if they are pleasant or interesting. For example, when spilled food makes an interesting splat on the floor, the curious infant may spill more food to see the splat again. Over time, these actions have more purpose. The infant may try to find out if dropping food with a hand makes a different splat than dropping food with a spoon.

Object Permanence. Young infants do not know that an object exists if they cannot see, feel, hear, smell, or taste it. Later, as memory abilities improve, infants begin to develop ***object permanence***. This ability helps them to understand that objects, such as toys or people, are permanent. Hiding games, such as peek-a-boo, become more fun as infants begin to search for disappearing objects. By age two, the concept of the permanent object is usually fully developed.

Symbolic Thought. The beginning of symbolic thought occurs during the last part of the sensorimotor period. At this time, children begin to separate reality from imagination. As a result, toddlers start imitating things which are no longer present. They also begin to pretend one object is something else. During this period, children begin to use symbols (words) to represent ideas.

Language Development. Language is both a social and mental skill. It also involves physical development. At birth, the speech area on the left side of the brain is well developed, making infants physically ready to hear and respond to human language. Development of language involves learning to understand what others say and learning to talk to others.

Infants can tell the difference between sounds. They are calmed more by human voices than other sounds. By the third month, infants smile and coo when they hear a gentle, friendly voice. They cry and withdraw when the voice is harsh and loud. By the middle of the first year, they are aware of little differences in the tone of voice used with questions, statements, and exclamations. Of course, infants at this age still do not know what the various tones of voice mean.

By the end of the first year, infants are aware that words are connected to objects and actions. They can obey very simple commands, such as "come to Mother." They can also recognize their names and other familiar

words. During the next six months, they can obey more complex demands, such as, "Give Grandad the rock." By 18 months of age, young toddlers can point to pictures of familiar objects and parts of their own bodies. They enjoy hearing simple books read aloud.

Learning to talk begins with the cries of newborns. A baby's first cries carry no special information for caregivers. In other words, a newborn baby cries the same way when hungry, wet, in pain, or when needing any kind of attention. In one month, a baby develops different cries to show different needs. Cries of hunger begin to sound different from cries of pain.

Around two months, as their vocal cords mature, infants begin to ***coo*** (produce very simple vowel sounds). By six months, ***babbling*** appears as infants repeat consonants and vowels (bababa, mamama, dadada, etc.). At this stage, infants are stimulated by their own voice. It is important for caregivers to respond to the sounds of infants. During the last half of the first year, infants begin to imitate words they hear.

Around their first birthdays, infants begin to try to communicate. At first, they use only one or two words to stand for the meaning of a series of words. For example, "out" may mean "I want to go outside" or it may mean "get out." This type of speech uses only the words needed to give the idea of a whole sentence. During this period, caregivers tend to learn what children mean by listening carefully.

Like other areas of development, language requires experience in order for the infant to mature. Talking to infants and toddlers promotes language development. It is important for caregivers to listen carefully when young children try to communicate. Children who are ignored may develop language problems, as well as emotional and social problems.

Preoperational Stage (About two to seven years)

During the ***preoperational stage*** of development, children have limits on their abilities to think in a logical way. The limits have to do with identities, functions, memory, centration, egocentrism, processes, and language. These limits are overcome gradually over a period of several years.

Identities and Functions. During the preschool years, children develop an understanding of identities. ***Identities*** help a child understand that something is the same even though its appearance changes. For example, Rachel is still Rachel, even when she dresses like a ghost for Halloween. In a very general way, preschoolers also come to understand functions. ***Functions*** show the basic relationship between two events. For example, when the switch is flipped, the lights go on.

Neither identities or functions are fully understood at the start of the preoperational period. Young children must mature and experience identities and functions before they fully understand them. Until then, young children may be fearful of familiar things which look different. They may think that two events are related when they really are not.

Memory. During the preoperational period, the child's ability to remember is not perfect, but it is improving. Most children in

this stage do not use any strategies for helping their memory. They may not be able to remember today the rules they knew yesterday.

Centration. Centration is another limit on the ability of young children to think. ***Centration*** means that a child is not able to focus on more than one part of a situation at a time. For example, young children can group blocks according to size, shape, or color. However, they cannot classify in all three ways at the same time. Miguel may be able to group all of the square blue blocks and all of the square red blocks according to color. He may not be able to understand that all of the square blocks are the same shape if they are different colors.

Egocentrism. Egocentrism is related to centration. ***Egocentrism*** means that a child is not able to focus on any other viewpoint except his or hers. Egocentrism causes children to think about the world in relation only to themselves and their activities in it. This does not mean that they are selfish. It simply means that they do not understand that some happenings have nothing to do with them. It also means that they have trouble thinking about how someone else would see things. For example, Sharla, at age four, may tell you that the moon and stars go to sleep when she goes to sleep. She thinks that when she goes to sleep, everything and everyone else does too.

Processes. A ***process*** is a series of steps or actions which lead to completing a task. Young children have trouble thinking through such processes. For example, Mary may know how to walk from her house to her kindergarten class. However, she may not be able to draw a map which shows how she walks to school. She does not have the "big picture" or overview of how she travels although she can find her way.

Young children also do not understand explanations about processes, especially if the processes are abstract (existing only as an idea). To understand, children need things described in terms of what they have seen, touched, smelled, heard, or tasted.

Language. Preschoolers love to talk and listen. They will sit for long periods of time and listen to someone read to them, especially if they can look at the pictures in the book and talk back. During the preoperational period, the number of words children understand increases greatly. They also learn to use more words when they are talking. Children's vocabulary may increase from about 500 to 2,500 words. They also learn to use better grammar during this period. By age six, most children use correct grammar and use more complex sentences. Of course, children tend to have more fully developed language skills when adults talk to, read to, and listen to them.

The thinking skills and limitations described above have several meanings. First, all preschoolers have some language limitations. They may speak well in short sentences about real-life objects. However, they may have trouble expressing emotions, such as how they feel when they are sad. Second, young children cannot consider several things at once. They can understand categories of things but not subcategories.

Young children also have trouble understanding how and why things change. They may become frightened when change happens. Due to their egocentrism, they may believe that they have caused such things as divorce or death. Only careful, simple explanations can help children begin to understand that they did not cause these and other events.

Because young children have trouble separating fantasies or dreams from reality, they are often accused of lying. In these situations, they probably are not lying on purpose. They should be helped to understand the difference between fantasy and reality rather than be punished for telling a lie.

During early childhood, children do not consider outcomes when judging right and wrong. To young children, what is important is if a person gets caught doing something wrong. For these reasons, immediate punishment (such as time-out from the sandbox) means more to them than long-term punishment (such as forbidding the child to play in the sandbox for the rest of the week).

Good judgment develops with age, as does practice in seeing things from others' viewpoints. Role playing during dramatic play helps young children develop these skills. In role playing, children feel safe to act out various roles. For example, children may develop an understanding of what their father does at work by playing grocery store clerk. Through role-play, children are also able to explore which "jobs" they like. Children are also helped when caregivers watch their dramatic play and point out the thoughts and feelings of the children.

Concrete Operational Stage (About seven to twelve years)

Middle childhood (school-age) is the time when children can think in a logical way and solve problems cognitively. This stage of cognitive development is called the ***concrete operational stage***. During this stage, children learn to understand more complex logic, language, and moral concepts.

Logic Skills. The ability to reason and make sound judgments develops gradually over a long period of time. Some of the new "concrete operations" of school-age children are classification, conservation, and seriation.

Classification means that children are able to move beyond simply grouping objects. They begin to understand relationships between objects. For example, Miguel may now be able to group all square blocks regardless of their size or color. It always helps if children can see the objects.

Because school-age children can focus on more than one aspect of a situation, they learn to conserve. To ***conserve*** means to understand that even though one property (such as shape) of an object changes, other properties (such as weight and volume) stay the same. For example, a child in the concrete operational stage will know that orange juice poured from a wide glass into a skinny glass is still the same amount of juice, even though it looks "taller" in the skinny glass.

Seriation is the ability to put things into an order. One way this skill is used is to arrange objects from smallest to largest. Seriation is a skill children need to have before they can think in a logical way. It helps them understand numbers, groups of people,

and even themselves in relation to other people. Using seriation, Miguel can put all square blocks in order from smallest to largest.

Language. After age five or six, children can speak and understand language as it is used by the average adult. They learn to use more correct grammar. However, this process takes several years. During the school years, children may have some problems with the correct use of certain types of words. During the middle years, the most important language task involves learning to read and write. Much class time in school is devoted to these activities.

Children who have problems with reading may need special help. Most vision problems in children at this age can be easily corrected. Some children may have a special problem called ***dyslexia.*** This condition causes a person to see letters or words backwards. For example, a person with dyslexia may see a "d" as a "b." When it is discovered that a child has dyslexia, parents should seek professional help for the child.

School-age children may need to learn phonics (sounds of letters and letter combinations) if they have not already done so. Others may simply need some extra practice at home or after school where they can read about things that interest them.

Moral Development. Good judgment is a social concern. However, a child can develop moral ideas only when he or she is able to think and make judgments. Society expects children in middle childhood to know the difference between right and wrong. By age seven, most children have entered the concrete operational stage of cognitive development. This growth helps these children to begin to understand the rules of society, as well as the rules of games.

Formal Operations Stage (About eleven to fifteen years)

Cognitive abilities undergo another major change around the time of puberty. The beginning of ***formal operations*** happens when there is another growth spurt of the brain. As a result of brain growth, there is increased brain activity. Periods of rapid growth occur between ten and twelve years and then again between fourteen and sixteen years.

Around eleven or twelve years, children begin to think in abstract terms. Concrete thinkers can only think about things that exist. Formal thinkers can imagine all the things that might be.

◆ ***Essential Questions:*** ◆
Stages of Cognitive Development

1. What are the four stages of cognitive development theorized by Piaget? Briefly describe each stage.
2. How do children develop language skills from infancy through the preschool years?
3. What is involved in each of the following concrete operations: classification, conserving, and seriation?

Chapter Highlights

- ☆ Positive cognitive development leads to quickness of understanding, sound thought, and good judgment. Cognition means "to know."
- ☆ Most evaluation of children's cognitive development is done through standardized testing. IQ tests measure mental age against chronological age. Results of IQ tests should be used carefully to prevent wrong interpretations of test scores.
- ☆ Studies show that depriving infants of loving contact in the first year of life will slow down cognitive development if not corrected quickly.
- ☆ Cognitive development in infants and toddlers is directly tied to the coordination of motor skills and use of the senses. Piaget called this stage the sensorimotor period.
- ☆ During the sensorimotor stage, children learn through circular reactions, understanding object permanence, symbolic thought, and language development.
- ☆ Early language development in infants includes understanding different tones of voice and developing different cries to communicate different needs, such as pain or hunger.
- ☆ During the preoperational stage, preschool children develop an understanding of identities and simple functions. Their vocabulary increases and their grammar improves.
- ☆ Limitations of children in the preoperational period include a lack of memory, being unable to focus on more than one idea, egocentrism, and being unable to understand processes.
- ☆ Middle childhood marks the child's ability to think logically, classify and understand the relationship between objects, focus on more than one aspect of a situation, put things into serial order, read and write language, and develop good judgment. The stage during this period is called the concrete operational stage.
- ☆ Most children enter the concrete operational stage by age seven. During this stage, children learn the difference between right and wrong and can learn to be responsible for their own actions.
- ☆ By age eleven, most children have entered the stage of formal operations. During this stage, children experience another spurt of brain growth and increased brain activity. As a result, children learn to think abstractly.

Chapter 16

Teaching Strategies

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Demonstrate effective management skills.
2A Evaluate safety and sanitation standards in a child care setting.
4B Determine developmental differences in children of various ages.
5B Identify stimulating developmentally appropriate learning environments.
5C Demonstrate developmentally appropriate teaching methods and techniques.
5D Implement developmentally appropriate activities and lessons.
5G Compare various observation techniques.
5H Discuss the use of technology in teaching young children.
7A Determine developmentally appropriate practices that promote self-discipline.
7E Propose developmentally appropriate practices that promote children's respect for diversity.

Chapter Vocabulary

anecdotal records
checklists
creative movement
eye-hand coordination
field trip
manipulative skills
observation
rating scales
specimen samples
teachable moments
teaching strategies
unit blocks

Teaching strategies are the methods and activities that child care practitioners and teachers use in teaching young children. Positive teaching strategies promote the physical, emotional, social, and cognitive development of children. The strategies that teachers use are as different and varied as teachers' personalities.

DEVELOPMENTALLY APPROPRIATE PRACTICES

Developmentally appropriate practice is a philosophy based on the following:

1. what is known about child development and learning
2. the strengths, interests, and needs of each individual child in a group
3. the social and cultural contexts in which children live

This information is used to develop teaching strategies used in preparing the environments for young children.

The daily routines of child care allow many chances for "teachable moments." ***Teachable moments*** are times when children are so interested in something that they give it their complete attention. These times often seem to happen by chance. They can result from seeing such things as a fallen bird's nest, eggs hatching, or a science experiment.

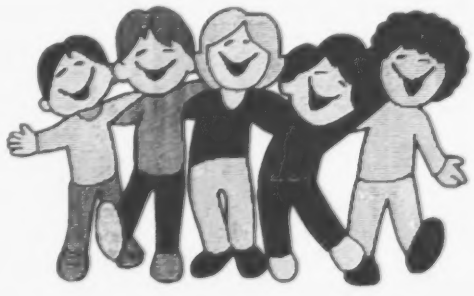
Daily routines include such activities as arrival and departure time, meal and snack time, nap time, toileting, handwashing, indoor activity time, outdoor play time, and transitions between activities. Caregiver skills should include teaching strategies for wise use of these times.

Some teachers may use learning centers, which allow children to choose activities they enjoy. Children direct their own learning and activities in these centers. Other teachers may prefer having group activities that are led by the teacher. In order for child caregivers to become familiar with different strategies, this chapter reviews different kinds of activities. The learning center approach is emphasized.

Children learn best by interacting with the environment. Therefore, a developmentally appropriate environment includes learning centers. Learning centers are spaces set aside for different activities. In learning centers, things which are commonly used together are grouped together for convenience. Both indoor and outdoor learning centers should be planned.

A learning center can be set up in different places. A learning center can be created with a tray, at a table, in a corner of a room, or any other place where a child can do an activity. The activity can range from sitting alone reading to joining others in dramatic play. Most centers have room for one to four children. Some centers have a choice of many activities. In other centers, only one activity is available at a time.

When learning centers are equipped and arranged, caregivers should have specific goals in mind. Children often use the materials in a center in ways that the caregiver did not plan. For example, a teacher may set out headphones for a language arts reading activity. Children might use the headphones to play astronaut or police officer instead. When caregivers see that a learning center is not reaching its goals, the learning center can be changed for use at another time. A different approach can then be used to motivate children in the desired direction.



◆ Essential Questions: ◆
Developmentally Appropriate Practices

1. What is the basis for developmentally appropriate practice?
2. What daily child care routines can be used as teaching strategies?
3. What should be the relationship of learning centers to the goals and objectives of the child care program?

INDOOR LEARNING CENTERS

Indoor activity areas can be divided many ways. It is common to have learning centers for art, blocks, computer, science, dramatic play, language arts, manipulative play, math, music, quiet time, and woodworking activities.

Art Learning Center

Art activities help children to be creative and to have original thoughts. Through art activities, children learn to put their thoughts into a form which can be seen. They develop muscle coordination and fine motor skills, expand their imaginations, and develop confidence in themselves. Good work habits can be encouraged through art also. For example, children can learn to finish what they start. Through art, children explore physical properties of materials, such as textures, colors, patterns, sizes, and shapes. Through this exploration, they improve their abilities to use their senses also.

Art materials include standard art supplies, such as clay, play dough, paper, paint, wood, plastic, paste, pipe cleaners, chalk, water colors, and crayons. A creative caregiver will also find many other interesting and unusual materials for children to use. These may include yarn, string, ribbon, feathers, spools, scraps of wood, and ice cream sticks. Of course, art materials must be safe for the children who use them. Well organized storage of art supplies also encourages use of the art center.

If possible, the art area should be near a sink with running water. Having the art center on a type of floor which can be easily cleaned is helpful. Tables, labeled child-sized storage, and adequate space are needed. Painting, finger painting, creating sculptures, doing hand crafts, making collages, and using modeling clay are examples of activities which can be planned for the art center.

Children can be more creative when they have a choice of several art supplies. Children should not be rushed or forced to do art in a certain manner. Corrections and demonstrations should be avoided if possible. Caregivers can show children good examples of artwork occasionally to help them learn to appreciate art.

It is important for caregivers to understand children's ability levels. For example, a two-year-old child might paint or draw scribbles in only one small area of a large class painting. A three or four-year-old might paint shapes and designs in a larger area. A five or six-year-old would probably spend

more time and draw things that can be recognized. Being aware of the developmental level of each child is important so proper materials and help can be given.

For young children, the process of doing artwork is more important than the finished product. What a child does with a paint brush and paint may not represent anything to the child. The child may simply enjoy trying out the process. To ask Wesley what he is painting may leave him with a sense of failure if he is painting nothing in particular. It might be better to say, "I like your bright yellow color" or "Wesley, would you tell me about your painting?" These comments show that you are interested and allow the child a choice of talking or not talking about the art activity.

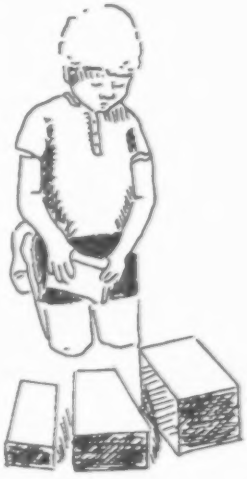
In all learning centers, clean-up and pick-up tasks are important parts of the learning which takes place. Especially in the art center, caregivers should allow plenty of time for children to do these jobs without feeling rushed.

Block Learning Center

Block play is an important activity for young children. ***Unit blocks*** (blocks cut into precise sizes so that they fit together accurately) are important tools in providing physical, emotional, social, and cognitive growth. Through block activities, children learn to classify shapes and sizes. They develop eye-hand coordination, learn to make decisions, and learn to solve problems. In group work, they learn to cooperate with other children, develop language skills, and good work habits. Learning to complete a task is another important result of children's play with blocks. Using blocks can also help children become aware of related sizes and fractions.

The block area should be located out of the main traffic area. A child-sized table with a smooth mar-proof top, adequate floor space, and appropriate storage are necessary for the block area. A flat carpet on the floor helps to reduce noise.

Blocks come in a variety of shapes, sizes, and colors. Block sets come in unit sizes (whole, one-half, one-third, and one-fourth sizes). They can be purchased in cardboard, plastic, natural wood grain, or painted wood. Blocks that are safe for children to use are sturdy and have smooth rounded edges. It is very important for blocks to have a toxic-free finish to prevent children from being poisoned when handling or putting their mouths on the blocks.



The age of the children determines the space and equipment needs for the block area. Two-year olds enjoy building simple structures and knocking them down. Remember that the process is more important than the end product. Three and four-year olds build more complicated structures alone. For older preschoolers, the area should have space to create a whole city (farm, zoo, or factory) by connecting structures made by more than one child. An arrangement that allows projects to be left for more than one day helps five or six-year-olds to build elaborate cities.

Toys scaled to the size of blocks, such as airplanes, cars, animals, boats, farm equipment, people, signs, trains, and trucks, may be stored for use in the block area. These toys help children use their imaginations when playing with blocks.

Large building blocks can be placed next to the dramatic play center. Children can use these to build housekeeping and office equipment when they "dress-up" in costumes.

Computer/Technology Learning Center

Computers are found in most early childhood programs today. Computer hardware and software can be expensive; however, most parents search for child care centers where computers are available to the children. Software available encourages the development of problem solving, reading and math skills, and creative art and design. Furthermore, computer usage at an early age promotes computer literacy.

Computers can be located in one center or set up in different learning centers. Computers allow children to work alone or with a partner. This promotes social and cognitive skills. It is important to consider the level of difficulty of the software and the level of development of the children using it. Excellent programs are available for all levels of development.

In addition to computers, other components of technology may be provided for children enrolled. Examples include a fax machine, copy machine, recording equipment and a variety of cameras (film, video, and digital).

Science Learning Center

A well-planned science center excites children's curiosity. Science centers allow children to investigate, experiment, test, solve problems, and learn about nature. The science center may be called the discovery center. Through it, children can discover facts about animals, plants, seeds, rocks, and other things in the natural environment. As a result, children can develop respect for their natural surroundings.

Understanding physical properties and natural forces, such as weather, light, heat, gravity, air, machines, space, and sound, is another advantage of the science center. Learning the need for conservation of resources can begin in a science center for young children.

As in all learning centers, the materials and equipment used in the science learning center must be safe and appropriate for the ages of the children. Equipment often used includes scales, magnifying glasses, magnets, flashlights, telescopes, compasses, and measuring tools. Typical materials used include plants, flowers, seeds, sand, soil, water, grains, pebbles, rocks, leaves, live fish, animals, and insects.

As noted before, children should be allowed to discover things for themselves when using the science center. Caregivers should plan a variety of activities that include both planned and incidental learning. Adults may tend to structure or control science experiences too much. The caregivers should avoid answering questions before children have a chance to explore and search for themselves.

When planning a science activity for children, a caregiver should expect different responses from children with different levels of development. A two-year-old might simply watch an experiment while a three or four-year-old might be able to describe what was done. Five-year olds could be encouraged to describe the process and results of the experiment.

There are many fun things which can be done in a science center. The creative caregiver will give children many chances for discovery learning. Children enjoy such simple activities as playing with water and sand. Through water and sand play, children can learn about pouring, sinking, floating, and weighing. Seed planting followed by watering and care of a growing plant reveals some of the secrets about plant life and the growth process. Care of plants and animals gives children a sense of responsibility. Nature provides an unlimited supply of materials and processes about which children can learn.

Cooking provides great opportunities for children to learn science and math concepts. Through cooking, children can organize, measure, count, weigh, pour, mix, shake, smell, touch, and clean. All of these experiences add to the child's information about the world. Physical processes become familiar as children have firsthand experiences with boiling, steaming, freezing, and thawing. Words like sweet, sour, bitter, and salty have meaning when children use them to describe the foods they taste.

A science center allows children to move gradually between quiet and noisy learning centers. A table or counter space at which three or four children can work should be available. There should also be storage and space to exhibit science work. Exhibits should be changed often. One week the exhibit might be shells or seeds. The next week it might be an insect collection. Interesting exhibits attract children's natural curiosity.

Dramatic Play Learning Center

The dramatic play center allows children to act out roles they observe others play in society. This center helps children to coordinate many roles (adult, child, father, mother, baby, brother, sister, cousin, grandparent, friend, caregiver, employer, employee, customer, guest, etc.). Children often use the dramatic play center to practice roles they see in the home with their families and gain an understanding of events that have occurred.

Through play in the dramatic play center, children create their roles in society in situations which include the following:

- family life
- career choices
- life styles of work and play
- relationship between work and home life
- family and other interpersonal relationships
- knowledge about other countries, cultures, and customs
- understanding the differences in people
- solving interpersonal problems
- community helpers
- means of communication and cooperation

The dramatic center might include the following role settings: home, factory, office, fire station, police station, library, grocery store, restaurant, barber or beauty shop, post office, doctor's office, dentist's office, and hospital. Materials and props, such as real life clothing, uniforms, supplies, equipment, and accessories for a variety of roles and role settings, can be kept on hand. These will allow children to transform the space and the larger props to fit their imaginations for the day. A full-length mirror mounted at children's eye level is needed for the dramatic play center.

Children should be free to dramatize and express themselves in ways that are natural to them. Children express their thoughts and feelings about family members and about themselves as they act out roles. Dress-up is a favorite activity as children choose boots, hats, purses, briefcases, and other props and clothing to show the roles they play. A two-year-old may be involved in dress-up dramatic play by exploring different props. A three or four-year-old might imitate actual roles, such as mother, father, baby, cousin, or delivery person. Around five years of age, children begin to play roles by using props and cooperating with several other children.

Following are examples of opportunities for learning during dramatic play:

- **Spatial relationships** – stacking dishes in the cabinet, arranging furniture, handling clothes on racks, lining up pots and pans on the wall, arranging food items in the refrigerator, setting the table
- **Classification** – sorting kitchen tools and utensils and storing in their proper places, separating food items by place of storage (cabinet, refrigerator, freezer)
- **Seriation** – storing, hanging, or stacking sets of measuring and cooking utensils in order by size
- **Eye-hand coordination** – ironing, mixing, kneading bread, sweeping, making beds
- **Interaction** – sharing household work, practicing courtesy and respect, helping others

The dramatic play center is one of the most popular and important learning centers in a child care center.

Language Arts Learning Center

The language arts learning center may be one large center or divided into two or three smaller centers. Smaller centers may be called the library center, writing center, and book construction center. Language arts centers are usually quiet areas. They are inviting, cozy, and include needed equipment and supplies. Soft pillows on a carpeted floor, a child-sized rocking chair, comfortable chairs around a small table, and low wall decorations can attract children to the area. Books, pictures, puppets, writing tools, lettering tools, chalkboard, paper, and children's audio and video tapes should be stored so that children can reach them. Computer software of children's stories allow children to "read" individually at their own pace.

Children sometimes like to be alone to "read" a book. More often, children like to have stories read or told to them. Obvious levels of development can be seen among children during story times in different age groups. Two-year olds have such limited attention spans that even very short stories may not be finished before they lose interest. Three and four-year olds are more attentive and can usually listen to short stories and

answer simple questions about the stories. Many five-year olds are able to retell a story. They also like to share in the storytelling. Children like to relate their own experiences to characters in favorite books. Children also enjoy imitating sounds and actions of animals and people in stories.

The language arts center should include teaching aids that children can hold and manipulate. These may include cut-out block letters of the alphabet, flash cards of letters, and pictures that associate alphabet letters with phonetic sounds. It is important for children and caregivers to interact as children use language arts teaching aids. In general, the language arts learning center benefits children in different ways. Examples include the following:

- understanding and using spoken language (to listen and to speak)
- appreciating language as a practical tool
- appreciating language as a source of pleasure and information
- learning new words
- associating sounds with letters of the alphabet
- creating original stories and poems
- recognizing the difference in fact and fantasy
- recognizing the relationship between symbols and ideas
- developing eye-hand coordination
- recognizing left-to-right sequence in reading
- developing prereading skills, such as recall, visual memory, and recognition of likenesses and differences
- following directions
- expressing thoughts, ideas, and feelings

Manipulative Play Learning Center

Manipulative skills (using hand and finger muscles) may be practiced in different learning centers, such as the art, science, and dramatic play centers. However, many child care programs have a special learning center where children's small motor skills and eye-hand coordination can be improved. ***Eye-hand coordination*** involves seeing and doing something at the same time.

There are many quality "educational" toys and learning materials that may not fit into other learning centers described. Children may not have the chance to play with these manipulative toys and materials at home. These may include inset puzzles, buttoning materials, zipper boards, snap boards, lacing boards, nuts and bolts, pipe fittings, locks with keys, beads to lace, threading blocks, lock-type building sets, nested boxes, interlocking blocks and shapes, and peg board sets with pegs, hammers, and nails.

Again, it is important to consider the developmental needs of children. Large, simple inset puzzles and nesting boxes to stack or put in order would help two-year olds improve their motor skills. Three and four-year olds would enjoy more complex work, such as beads to lace, interlocking blocks, or snaps and zipper boards. Five-year olds who are learning to dress themselves could use button and lacing boards to improve those skills. Hammer and nail sets provide a good chance for five-year olds to use their developing muscles and motor skills.

The manipulative play learning center helps children to develop eye-hand coordination and small motor skills. Practicing decision-making skills and problem-solving skills is an important use of this learning

center. Children also learn to interact with other children and gain satisfaction from completing tasks.

Math Learning Center

Children can learn about numbers and other math concepts in all learning centers. For example, in the dramatic play center, children can count, measure, compare, and judge sizes, weights, and amounts. In addition, caregivers should teach children concepts about numbers every time it is appropriate. For example, a caregiver could ask children to count the chairs, crackers at snack time, or windows in the room.

Special math activities can be planned for all levels of development. Two-year olds can learn number concepts such as counting two or three blocks or identifying simple shapes. Most three and four-year olds can practice matching, work on counting skills, place objects in order or sequence, and identify number symbols. Many five-year olds can learn to tell time, compare weights, and learn about the value of money.

In many child care programs, a special math learning center is provided. The following concepts can be learned by children through use of a math center:

- number concepts (sets, number relationships, relationships of parts to a whole, counting)
- concepts of classification and sequence
- geometric shapes (circles, triangles, squares, rectangles)
- terms about time
- terms about direction and distance
- weight and height measurements
- how to use math in daily experiences

Furniture for the math center can be as simple as a table, chairs, and low storage shelves. Teaching materials provided might include an adding machine, clock, playing cards, rulers, thermometer, stopwatch, dominoes, measuring cups, tape measures,

counting sets, balance scale, egg timer, play money, number games, and clock faces.

Music Learning Center

In the music learning center, children can listen to music and participate in musical activities. Musical and rhythmic activities help children to do the following:

- explore sounds and different forms of music
- enjoy singing, listening, and moving to music
- learn words related to music
- learn to recognize sounds and pitches
- learn to remember sounds and music heard before
- express ideas and emotions through music
- learn about tone, tempo, rhythm, and pitch
- gain an appreciation for music
- release tensions
- communicate through body movements
- learn body movements related to sensory experiences
- understand space through body movements

It is best to have musical activities in an area where plenty of space is available for movement. A balance of listening, singing, and movement will occupy most preschoolers for 10 to 20 minute periods.

Children enjoy music, and music helps their development in many ways. Children gain self-confidence, develop their vocal cords, and learn to express themselves through singing. Take care and make sure that children are not criticized when they sing. Children like to hear repetition in musical tones and

words. Active songs and game experiences help children develop motor coordination, language skills, and social skills. Large muscle development improves when children skip or hop to music, wave their arms, and try out various body movements. A favorite activity is using children's names in songs. This activity brings attention to children individually and helps them develop a positive self-image. Singing slowly enough to pronounce words and sounds clearly helps language development.

Use of musical instruments helps build eye-hand coordination. Some simple instruments that are good for preschoolers include drums, cymbals, tambourines, rhythm blocks, rhythm sticks, sand blocks, bells, rattles, and triangles. Children enjoy creating their own musical instruments, such as horns made from paper tubes. Children gain a sense of pride and accomplishment from using instruments which they create. A two-year-old may simply blow through an undecorated tube and pretend it is a horn. A three or four-year-old might decorate the tube and hum sounds into it. A five-year-old might decorate the tube and play the tune of the song the group is singing.

It is ideal if the music learning center has an instrument to be used by the caregiver to accompany group singing. It may be a piano, guitar, autoharp, or other instrument. An autoharp is a good choice because it is less expensive and adults can learn to use it quickly. It especially helps teach children about music harmony. Children enjoy strumming across the strings of the autoharp with a pick while the caregiver pushes the selector bars.

Creative movement is any musical activity that develops body coordination in response to rhythm and sound. Creative movement may include moving about, holding hands and swinging them in time with the music, doing simple dance steps, using finger plays, and playing musical games.

Quiet Learning Center

A quiet center gives children a place to have some private time. Having time alone, on occasion, is important to children. The quiet center should be comfortably "soft." Soft carpet and big fluffy pillows or an overstuffed chair may be used. It might also have a "hiding place" as simple as a large cardboard box in which children may curl up. The quiet center needs to be placed away from the view of other children but within the view of the caregiver. Children enjoy taking a favorite book or toy into the quiet area with them.

Time alone should be respected by caregivers and by other children. However, caregivers must watch for children who choose to be alone frequently rather than to interact with the other children. These children should be encouraged to get involved in some group activities. The quiet center should not be used as punishment. It should be a private

space that children can choose to use for a few minutes while group activity continues.

Woodworking Learning Center

A woodworking or carpentry learning center requires careful caregiver supervision for the children's safety. A woodworking center is usually popular with older children. Through woodworking, children learn responsibility in using and caring for tools and are taught respect for safety rules. They practice manipulating materials and learn about the physical properties of wood. Having a chance to complete a task and to release tension through pounding and sawing makes using the woodworking center a unique learning experience.

Equipment needed for a woodworking center includes a sturdy, child-sized carpentry table, nails of various sizes, hammers, sharp saws, C-clamps or vises to hold wood securely in place for sawing, non-toxic wood glue, and an assortment of wood pieces.

Safety rules for children to observe in the woodworking center should be posted and explained. For example:

- Children cannot work in the center unless a caregiver is present in the center with them.
- Children must learn to use carpentry tools correctly. Tools are to be used only for carpentry, not for general play.
- Carpentry tools must be used only in the woodworking center and not taken out of the center to other areas.
- Tools are to be kept in specific places when not in use.
- Children must wear protective goggles.

Carpentry skills depend on the abilities of individual children. Most children are five or six years old before they have the skill to actually create and build something. Children younger than three years of age can safely pound (with supervision) with wooden or rubber hammers. With close supervision, three and four-year olds can use metal hammers to pound nails into boards or nail lids to wooden surfaces. They can glue wood scraps together.

◆ Essential Questions: ◆
Indoor Learning Centers

1. What are examples of five indoor learning centers? How does each contribute to a child's development?
2. What are three learning centers in which the use of a computer might be helpful?
3. Why is the dramatic play center important to social development?

OUTDOOR LEARNING ACTIVITIES

The outdoor areas of a child care center are as important as indoor areas for learning. Wise use of space, thoughtful selection and placement of equipment, and creative teaching strategies are important both indoors and outdoors.

Typical outdoor learning activities include wheel toys, sand and water play, climbing, swinging, and quiet space. In addition, many activities that usually take place indoors can

BEST COPY AVAILABLE

be moved outdoors in good weather. For example, some dramatic play, art, and science activities can easily be moved outdoors.

Wheel Toys

Wheel toys include "bikes," wagons, and other toys that children can pedal or ride. They help children develop large motor skills, eye-hand coordination, and social skills.

Wheel toy paths are best arranged so there is a smooth traffic flow. A hard surface, such as concrete, is important. As discussed in Chapter Six, well-arranged storage space for wheel toys allows children to learn responsibility in putting up toys. Traffic signs in areas where wheel toys are used help children learn safety rules.

Sand and Water Learning Center

It is important to have an area for sand play somewhere in the outdoor learning space. A sandbox (framing to hold the sand) helps children learn to keep the sand in the space intended for sand play. Through sand play, children have the chance to be creative while they have social interaction with other children. They develop their manipulative skills by mixing, sifting, pouring, and measuring sand. Eye-hand coordination is another important development gained through sand play.

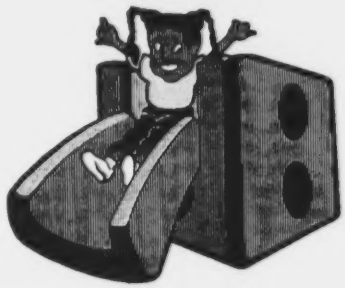
It is best if sand is sprayed with enough water to make it stick together. The caregiver can sprinkle the sand with water prior to outdoor play time or allow children to add water to the sand area as they play.

Good toys for use in sand play include buckets, shovels, scoops, people or animal figures (wooden, metal, or plastic), cranes, and a variety of hand-held wheel toys. All toys should be safe to use, appropriate for the child's age, and stored in a dry storage area when not in use. The sandbox should be checked for unsafe items each day prior to outdoor play time.

Outdoor water play is also enjoyable for children. This activity is best suited for warm weather. It requires careful supervision for the safety of the children. It is best if children have swimsuits or extra clothes available for water play. Caregivers can decide when water play is most convenient and appropriate.

Climbing Equipment

It is natural for children to want to climb. Crawlers will attempt to climb stairs even before they learn to walk. Outdoor climbing equipment should be safely constructed and scaled in size to the children who will use it. Climbing and jumping activities tend to go together, especially for older preschoolers. For safety, it is very important that a soft fall zone be provided under climbing equipment. The fall zone may be sand or some other material that will break a fall.



Climbing activities help children develop large motor skills, balance, and eye-hand coordination. Through climbing, children can feel a sense of accomplishment and interact with other children. They can also learn about the physical laws of nature.

Swinging

Swings and slides are part of the swing center. These types of equipment are often found in parks and public playgrounds. However, they are not top priority for child care centers. Besides being expensive and taking up a lot of space, they often cause many playground accidents.

Children like to swing, slide, and ride the merry-go-round for short periods of time. Then, they are ready to move on to other activities. For these reasons, many child care centers do not have these large pieces of playground equipment. Open space to run, roll, and tumble is safer and contributes more to the physical development of children.

Outdoor Quiet Space

Space for children to play quietly alone is important outdoors for the same reasons it is important indoors. Outdoor quiet spaces may be "hidden" by trees and shrubs or a projection in the building or in the fence. Caregivers may create quiet spaces by providing large open cardboard boxes or tenting materials where children can play alone quietly. Quiet spaces must be arranged so they are easily monitored by caregivers.

◆ *Essential Questions:* ◆
Outdoor Learning Activities

1. What are five learning centers that could be used as outdoor learning activities?
2. Why should outdoor learning activities be planned?
3. Why should there be a wide open space on all outdoor playgrounds?

FIELD TRIPS AND OTHER TEACHING STRATEGIES

In most child care centers, curriculum goals can be reached mainly through indoor and outdoor learning center activities. However, using other teaching strategies will enrich the curriculum. A field trip is a good example of another useful teaching strategy. A ***field trip*** is a planned trip to a location away from the child care center. A good field trip is planned to meet a developmental goal. Some places to visit include farms, zoos, museums, planetariums, stores, theaters, or parks.

Caregivers should constantly watch for new and exciting field trip opportunities and other learning experiences. Other experiences may include visits from guests who share their musical, artistic, storytelling, or other talents with children. Holidays and special events allow time for special learning experiences. For example, a Halloween theme could be encouraged in all activities, such as dramatic play, art, blocks, sand play, and language arts.

Field trips and special guests provide first-hand knowledge and observations. They teach children about their surroundings and help them develop concepts. When planning a field trip, the following steps will guide the caregiver:

- Think through the goals of the field trip.
- Be familiar with the place to be visited.
- Get permission for the visit, and make arrangements in advance with the proper authorities.
- Discuss briefly with the contact person what the children expect of the visit.
- Plan for transportation and finances.
- Discuss the field trip with the director or supervisor before making final plans.
- Get written permission from parents.
- Get necessary adult assistance for the trip. Licensing rules may require a certain number of adults for the number of children.

- Discuss the trip with the children. Talk about how to behave, safety rules to follow, and what the children will see and learn from the trip. (The caregiver might show pictures of animals they will see at the zoo, or sing songs about stars before going to the planetarium.)

During the field trip, caregivers should carry a first aid kit in case of emergencies. All children should use the bathroom and get a drink of water before leaving. Caregivers should point out important things for children to see while they explain and interpret experiences on the trip. It is also important to have drinks and snacks available if the trip is lengthy.

After the field trip, reinforce the learning experiences through group discussion, dramatizations, experience stories, and creative projects. Writing a thank-you letter to a contact person, with the help of the children, is an important follow-up activity.

◆ Essential Questions: ◆
Field Trips and Other Teaching Strategies

1. What are benefits of a field trip?
2. What are four possible field trips for young children that are available in your community?
3. What steps would you follow to plan one of the field trips that you identified?

OBSERVATIONS

Observation involves watching an event or activity for a specific purpose. There are many assessment tools for young children on the market. However, observing is probably the oldest, most frequently used, and most rewarding method of assessing children's growth and development. Observation can be done as the teacher supervises learning centers both indoors and outdoors. The purpose of observing children is to plan curriculum activities for children that will promote their growth and success.

Several different methods and tools may be used to conduct observations. These include anecdotal records, specimen samples, rating scales, checklists, and media techniques. All information collected should be factual.

Anecdotal Records

Anecdotal records are brief, narrative accounts describing an incident of a child's behavior that is important to the observer. This observation tells what happened in an objective and factual way. It also tells how the event happened, when and where it happened, and what was said and done. These records are usually written after the incident or activity occurred instead of while it was occurring. Why the incident occurred is part of the commentary instead of a part of the observation.

Specimen Samples

Specimen samples are a collection of work done by the child over a period of time. Samples of work done by the child are collected in a portfolio. Each sample is dated and any pertinent information is written on a data sheet and attached to the sample for future reference. This allows the caregiver/teacher, parents, and child to see growth and progress. Along with the portfolio, the caregiver/teacher can comment on behaviors and skills appropriate for the age of the child being observed.

Rating Scales

Rating scales are observation tools that indicate the degree to which a person possesses a certain trait or behavior. Each behavior being observed is rated on a continuum from lowest to the highest and is marked off at certain points along the scale. Rating scales work best where particular degrees of behavior are well-defined or well-understood by the observer.

Checklists

Checklists are lists of specific behaviors arranged in a logical order. The observer must indicate the presence or absence of the behaviors being observed. Checklists are especially useful for types of behaviors that can easily and clearly be specified. Checklists can be used for each child in the class if the results are to be used for individual planning. If it is the observer's purpose to screen children for certain traits and plan curriculum based on traits to be developed, all of the children's names can be included on the same checklist.

Media Techniques

Media techniques used for observations include using cameras, camcorders, and cassette recorders. The observer can capture the moment on film and then, after the photographs are developed, write notes about what happened. Checklists can also be used to interpret photos. A digital camera can make

this a fun and exciting way to observe children. Photos also make it possible to capture events and projects (block structures, dramatic play events, dramatizations, etc.) that cannot easily be described in a narrative. Videotapes can be used in the same manner as photographs.

Audiotapes can also add depth to written observations by recording a child's spoken language or verbal interactions with other children. It is important to record the name of the child, date, and position in the classroom before placing the recorder on a counter near the child.

◆ Essential Questions: ◆
Observations

1. What is the purpose of observing and recording information about children?
2. What are five methods of observation? What are advantages of each?
3. What is the advantage of combining several methods of observation?

Chapter Highlights

- ☆ Teaching strategies are the methods and activities that child care practitioners and teachers use in teaching young children.
- ☆ Caregivers should plan teaching strategies for routine activities in child care. Routine activities include arrival and departure time, meal and snack time, nap time, toileting, handwashing, outdoor play time, and transitions between activities.
- ☆ Learning centers as a teaching strategy offer a variety of different learning activities set up to achieve specific goals and objectives in the physical, emotional, social, and intellectual development of children.
- ☆ The process children use in playing and discovering in learning centers is more important than the end product.
- ☆ Indoor learning centers might include activity areas for art, blocks, computer, science, dramatic play, language arts, manipulative play, math, music, quiet time, and woodworking.
- ☆ Indoor learning center activities offer an opportunity for children to develop some of the following skills: eye-hand coordination, motor skills, creativity, sensory abilities, language and number skills, task completion, communication, and the enjoyment of singing, listening, and moving to music.
- ☆ Outdoor learning centers might include wheel toys, sand and water, climbing, swinging, and quiet space.
- ☆ Outdoor activities offer opportunities for the development of motor skills (large and small), social skills, creative expression, a sense of accomplishment, and sensory experiences.
- ☆ Field trips and other teaching strategies enrich the curriculum and provide new and exciting learning experiences.
- ☆ Observations are frequently used to assess children's growth and development. Observation techniques can be combined to record growth and development information in the most accurate and complete way.
- ☆ Different methods and tools can be used to conduct observations. Examples include anecdotal records, specimen samples, rating scales, checklists, and media techniques.

Chapter 17

Newborns and Infants

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7D Set up guidelines for assisting children with routine activities.
- 8E Analyze the effect of family stability on children's behavior.

Chapter Vocabulary

anoxia
birth defects
differentiation
enzymes
fetus
genetic counseling
genetic traits
jaundice
neonate
prenatal development
reflexes
reflexive behavior
state
tactile stimulation
temperament

Many factors can affect development. One important factor is ***prenatal development,*** or development before birth. Both heredity and environment affect this development. The newborn, or ***neonate,*** has special characteristics which help him or her to begin life. During this time, parents and others play special roles. Knowing the factors affecting this period of development can promote development and reduce possible problems.

GENETIC AND ENVIRONMENTAL INFLUENCES ON PRENATAL DEVELOPMENT

Genetic Influences

Genes from both parents pair up and are passed on to a child. This causes certain traits to be inherited from each parent. Inherited traits are also called ***genetic traits***. Some known inherited traits are eye color, hair color, and body build. Genetic factors guide physical development from conception to birth.

In the U.S. every year, a quarter of a million babies are born with birth defects. These ***birth defects*** are problems present at birth that can be caused by inherited or environmental conditions. Some disabling conditions related to genetic factors include sickle cell anemia, Down's syndrome, hemophilia, diabetes, and cystic fibrosis.

Many people with known genetic defects in their family choose not to have children. ***Genetic counseling*** can provide people with information about their chances of having a child with genetic problems. This counseling can also tell families how different birth defects can be treated.

Environmental Influences

The unborn child, called a ***fetus***, responds to the environment outside, as well as inside, the womb. What a mother eats, drinks, and breathes has an important effect on her developing child.

One of the most harmful factors in prenatal development is poor nutrition. Because of a mother's poor nutrition, a baby may have low birth weight and retarded growth of nerve cells in the brain. Such factors as viruses and drugs also affect development of a fetus. The measles virus can cause severe birth defects if a fetus is exposed during the first three months of the mother's pregnancy. Toxic chemicals, as well as all drugs, can be harmful to a fetus.

Factors outside the womb affect prenatal development directly or indirectly. Stress and emotional upsets create an excess of certain hormones in the mother's body. If these hormones are constantly fed to the fetus, there may be long-term effects. Good medical care is another factor affecting development. This should begin long before conception takes place.

Before conceiving a child, parents may need genetic counseling, nutritional advice, or vaccinations for certain viral diseases. Mothers living in poverty are less likely to have the opportunity to get this type of information and care. Their children are more likely to have birth defects or low birth weights. These children are also less likely to survive or to be healthy. Factors which have negative effects on prenatal development are often found to be worse in poverty situations.

◆ Essential Questions: ◆
Genetic and Environmental Influences on Prenatal Development

1. What are three birth defects known to be caused by heredity? How can these be avoided?
2. What are four outside environmental influences that can harm a fetus?
3. What is the purpose of genetic counseling?

THE NEONATE

Adjustments

The full-term newborn is born about two hundred and sixty-six days after conception. The baby needs special help in order to become adjusted to life outside the mother's womb. Child caregivers need an understanding of special traits of the newborn.

During the first few weeks after birth, the neonate's body systems must adjust. The baby cannot fully control these systems. Parents and medical experts must help the infant adjust until the body can work well on its own. The respiration, temperature, circulation, and digestion systems must all adjust after birth.

The newborn needs much more oxygen than the fetus but must rely on him or her to get it. The neonate's breathing is slightly irregular. ***Anoxia***, lack of oxygen, is the most common cause of infant death and brain injury. Newborns should never be placed in situations where their breathing passages are blocked. The respiratory system develops better when there is good ***tactile stimulation***. Tactile stimulation can be given by touching, patting, or rubbing the baby.

Several weeks pass before a newborn's body temperature is stable. Until then, babies create body heat by eating, moving their arms and legs, and crying. Neonates can be kept warm by holding them or by covering them with a light blanket. Since most body heat is lost through the head, it is a good idea to cover a baby's head when outside.

At birth, the normal heart rate will range from 120 to 160 beats per minute. A baby may have heart murmurs which will come and go. Blood pressure will not be stable until the infant is about two weeks old.

The baby is born with a strong sucking reflex to aid in getting milk. The baby's digestive system begins producing enzymes. ***Enzymes*** are substances that help the body digest and use food. The infant's sphincter muscles automatically open when the bowels or bladder are full. These muscles control the elimination of waste materials from the body. Because a baby's liver is not mature, about half of all babies develop jaundice a few days after birth. ***Jaundice*** causes the skin and eyeballs to turn yellow. If treated early, doctors can easily correct this condition.

Physical Abilities

A newborn baby's physical abilities are very limited. However, certain traits exist automatically. As the infant matures, these abilities come under the infant's control. Reflexes, sensory abilities, and sleeping or waking habits are largely uncontrolled by the child at birth. In time, the child develops control of all of these traits.

Reflexes are automatic, inborn responses. Reflexes present at birth will also be present throughout life. These include breathing, swallowing, sneezing, coughing, yawning, hiccuping, gagging, vomiting, and eliminating bodily wastes. Crying is also a reflex action in response to discomfort. While babies develop some control of reflexes, the actions are still normal reflexes. It is important to remember that reflexes are not willful actions.

The newborn's senses function at birth but continue to develop as the infant matures. For example, at the moment of birth, the

neonate can see light and dark. Within hours, the baby can focus on things about seven inches away. The neonate can also follow movements and seems to prefer human faces. By five months, an infant's vision improves greatly. The same sort of changes takes place with all of the senses. Development of the senses happens with physical maturation and experience. When infants do not have enough experiences to stimulate the senses, their systems mature more slowly. Infants may even try to communicate that they need stimulation or that they need to be soothed. Caregivers should be sensitive to these signals.

Waking and sleeping habits of newborns are often called states. A ***state*** is an observable biological behavior. While newborns are in some states, they require special attention from caregivers. During waking activity, infants need protection from too much stimulation, such as noise, activity, or light. Too much stimulation can be upsetting to a newborn. One way to protect a baby from excess stimulation is to hold the baby closely while moving rhythmically. The crying state also requires caregiver attention. Infants in this state cannot always be quieted quickly. Caregivers should experiment to see which positions or movements seem to make infants more comfortable. Table 17.1 gives the characteristics and names for states experienced by infants.

◆ ***Essential Questions:*** ◆
The Neonate

1. Why should a neonate be covered with clothing or a light blanket at all times? From what part of the body is most of an infant's body heat lost?
2. What is jaundice? Why is it common in newborns?
3. What are six examples of physical states of the newborn? What physical characteristics are common to each state?

CARING FOR INFANTS

Care of infants up to one year-old centers around their physical needs and routines. Routines include feeding times, diaper checks and changes, nap time, and planned infant/caregiver interaction. An infant's level of development changes quickly. Besides meeting physical needs, infant caregivers should also be aware of the infant's emotional, social, and cognitive needs.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the development level of each infant. Having positive, nurturing interactions with infants is very important to their development.

Birth to Four Months of Age

Infants rapidly gain control of their muscles. As infants learn this control, they develop basic feelings of emotional security. An infant depends on parents and other caregivers for physical and emotional security. The physical well-being of young infants is related to their emotional, social, and cognitive development. For example, social behaviors of infants relate directly to developing emotional attachments with parents and caregivers. Cognitive development occurs as infants discover their surroundings. Infants get information through their physical senses and motor activity. Teaching strategies used with infants should meet basic needs as well as aid in development. Table 17.2 provides examples of each teaching strategies appropriate for use with infants from birth to four months of age.

Physical Development. Infants from birth to four months of age develop rapidly. Muscular control develops in a sequence. The ability to notice differences in seeing, hearing, touching, smelling, and tasting also increases. Infants must depend on others to meet their

Newborn States

State	Characteristic
Quiet alert	The infant's eyes are open and in focus, but little motor activity occurs.
Waking activity	The infant's eyes are open, breathing is irregular, and motor activity occurs.
Deep sleep	The infant rests fully with little movement and regular breathing.
Irregular sleep	The infant's body moves and breathing is irregular.
Doze	Breathing is regular and the infant stretches the limbs and body.
Crying	The infant's eyes are unfocused and closed, skin is flushed, and breathing is intense. The baby also has gross motor activity.

⇨ *Table 17.1*

physical needs. Therefore, teaching strategies for young infants often relate to physical care.

Muscular Control - Newborn infants do not have control of their movements. The newborn's neck cannot yet support the head when the infant is held upright. Changes happen in sequence (as discussed in Chapter Thirteen) as infants gain more muscular control. Within the first month, the head can be lifted when lying on the stomach. By the third month, an infant can push up with the arms to raise the head and chest. When lying on their backs, infants kick their legs from side to side. A major accomplishment during the third and fourth months is learning to roll over from back to stomach and from stomach to back.

Nourishment - Most young infants need to be fed every three to four hours. They may show their hunger by active movement of arms and legs, mouth movements, bringing

the hands to the mouth, and crying. If infants are fed when they are hungry, they develop a sense of trust and security. Caregivers should make eating a pleasant time for babies. An infant should be held while being bottle fed. Emotional bonding, language development, and communication occur during this time. Eye focusing and eye-hand coordination also improves.

Sleep - Newborns sleep sixteen to seventeen hours a day. Gradually they spend less time asleep and more time alert and attentive. During the hours in full-time child care, young infants may nap three or four times a

TEACHING STRATEGIES FOR INFANTS FROM BIRTH TO FOUR MONTHS

Infants rapidly gain control of their muscles. As infants learn this control, they develop basic feelings of emotional security. Cognitive development occurs as infants discover their surroundings. Infants get information through their physical senses and motor activity. Teaching strategies used with infants should meet basic needs as well as aid in development.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Dress infants in comfortable non-restrictive clothing to allow freedom of movement.	Encourage development of muscular control.
Hold infants in sitting, standing, and various lying positions.	Encourage development of muscular control.
Place colorful, inviting objects within infants' vision and reach so that they may try to grasp objects.	Encourage development of visual skills as well as muscular control.
Select quiet, gentle music and move it around the room.	Encourage use of hearing to locate sound.
Shorten or lengthen activities to establish a pattern for sleeping.	Help infants develop regular sleeping habits.
EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide pleasant experiences, such as bathing, snuggling, talking, and smiling.	Encourage expression of enjoyment.
Provide a soothing touch, calm voice, music, and talk when infants show stress.	Reduce stress.
Use the same caregiver to provide gentle, consistent care of infants.	Encourage being familiar with one caregiver.
Hold infants so the caregiver is within the infants' range of vision. Smile and talk softly.	Help establish eye contact and voice recognition.

Table 17.2

COGNITIVE DEVELOPMENT	
Caregiver Strategy	**Objective**
Place colorful stimulating objects in infants' range of vision and reach. Allow time for infants to focus or play with objects.	Encourage development of differentiation.
Record repetitions, changes, and new sounds made by infants.	Encourage language development.
Talk and sing to infants while feeding and changing diapers and clothes.	Encourage language development.

➪ *Table 17.2, cont'd.*

day. When sleepy, some infants fall asleep quickly when placed in their cribs. Others require stimulation, such as being held and rocked by a caregiver sitting in a rocking chair. Other methods to encourage sleep include singing lullabies and patting the infant gently. Infants should not be lulled to sleep when they are not sleepy. Some parents prefer that infants get in the routine of having their attentive and alert times during the day so they will be sleepy at night. Other parents want their infants to sleep at child care so they are awake with them in the evening.

Elimination - Diapers need to be changed when they are wet or soiled. Caregivers should follow strict hygiene practices. Caregivers should use changing time for pleasant interaction with infants. Music in the background and a colorful mobile hanging above the changing tables make the time pleasant. Select a mobile that is well constructed and safe. The caregiver should never communicate negative feelings (messy, dirty, bad) about natural body processes. Bowel movements reflect the infant's health. Caregivers should record the frequency of bowel movements, as well as changes in color and texture. This information should be shared with parents on a daily basis.

Hearing - Newborns can hear sounds. Caregivers can stimulate the infant's sense of hearing by providing a variety of pleasant sounds. However, infants respond best to human voices. Within the first few months, infants can recognize speech sounds. Infants respond best to sound from either side. Sounds from above, below, or in front of them are more difficult to locate and distinguish.

Seeing - The newborn has better ability to see than was once believed. Although the newborn's vision is limited, the newborn can see forms and soon learns to focus. The ability to see small details develops gradually. To help an infant's sight, provide a variety of colorful objects within the infant's focusing

distance. Infants soon learn to follow slow moving objects within their focusing distance. Eye-to-eye contact with the caregiver is important to the emotional and social development of the infant.

Tasting and Smelling - Newborns can distinguish between sweet, salty, and bitter tastes. They prefer the sweet ones. They can smell odors and respond positively or negatively to them. To stimulate infants, caregivers may choose to expose them occasionally to different safe tastes and odors.

Touch - To stimulate the sense of touch, place an infant's hands on safe materials of different textures and temperatures. Talk to the infant, using words like "soft," "rough," "wet," and "cold" to describe what is being touched. Touching also communicates feelings. How a caregiver touches, strokes, picks up, holds, or moves an infant shows the caregiver's feelings. These feelings are important to the child's emotional and social development.

Emotional and Social Development. Emotional and social development in childhood are closely related. Feelings of trust and security in the infant come from relations with others. Infants cannot develop these feelings on their own. They develop these feelings from the way others treat them. Parents and other caregivers have the most influence on an infant's life. It is very important for caregivers to help infants feel secure. The same strategies used for emotional development can help the infant develop socially. To aid emotional and social development, respond quickly and consistently to infants' needs. Helpful interactions include looking, stroking, holding, playing, carrying, talking, and rocking.

An infant gradually shows a temperament during the first months of life. ***Temperament*** is an infant's personal style of behavior. Some styles are easy to recognize while others may be more difficult. Active infants kick, wiggle,

and squirm a great deal. They consistently kick off their covers and often get tangled in blankets or clothing. Quiet infants seem easy to care for because they seldom kick off covers or need clothing adjusted. However, they may need to be picked up and moved by the caregiver in order to stimulate physical movement. From birth, each infant responds differently. One infant may cry loudly while another may whimper softly. Caregivers should learn signs, other than loud cries, to understand messages given by infants. Eye-to-eye contact and touching are two important ways to communicate with infants.

Infants from birth to four months of age are self-centered. Infants use their senses to develop their self-concepts. People and objects are familiar to infants when they interact with the child's senses. Caregivers should arrange time and materials to help infants learn about themselves.

Cognitive Development. Infants use all their senses to learn. With experience, their abilities to see, hear, smell, taste, and touch improve. Moving themselves and handling objects helps develop coordination of the senses. Infants learn ways to communicate with themselves and others. Crying is one way that infants communicate. Even newborns cry in different ways (tones and intensity) depending on their needs.

Newborns have ***reflexive behavior***, which is an automatic response to things around

them. Infants quickly learn to actively search. The process of using their senses to actively search is called ***differentiation***. As infants learn to coordinate their senses, they begin to develop hand-mouth coordination, eye coordination, and eye-ear coordination. A carefully planned, attention-catching environment helps infants to respond in many ways. Caregivers should praise infants' behavior. When infants hear someone talk, it encourages them to communicate. Such conversation is important to development. It is healthy for the caregiver to look at the infant and alternately talk and listen to the child's "talk." In order to stimulate an infant, a one-to-one conversation with a child is necessary.

Four to Eight Months of Age

Infants from four to eight months of age are awake and alert longer than younger infants. They adapt better to a scheduled routine. They can grasp, move, and bang objects intentionally. They learn to sit up without support and creep during this period of time. They become able to stand with support. With the aid of caregivers, some infants may take their first steps while holding onto furniture. They express different emotions and start interactions with others. Mentally, infants four to eight months of age learn that objects are separate from themselves (object permanence). They also begin to imitate and repeat speech sounds as part of language development. Development progresses quickly during this period of time. Table 17.3 provides examples of teaching strategies for use with infants from four to eight months of age.

Physical Development. The abilities to sit and stand result from muscle development of the head, arms, chest, back, and legs. Even though these muscles are developed, the muscles are not fully coordinated. Therefore, infants should be allowed to sit and stand several times during the day for brief periods.

Major changes occur in manipulation, locomotion, and eating abilities during the four to eight-month period. Infants usually begin teething during this period. Their vision and hearing abilities also improve and they become mobile.

Manipulation - Newborns and younger infants grasp by instinct. Their hands close on everything that touches them. Reaching, grasping, and releasing are manipulation skills. During the four to eight-month age period, infants gain more voluntary control of these skills.

Reaching involves eye-hand coordination. The infant sees something and reaches for it with an open palm. Grasping, at this age, involves the entire hand. Later, infants learn to grasp with the thumb and forefinger. Releasing an object is as fun to an infant as grasping it.

Locomotion - Besides sitting alone and standing with help, creeping is a major achievement of the four to eight-month-old period. Creeping involves moving by scooting the body forward from a face-down lying position. Creeping is done by twisting the body, pulling with the arms, and pushing with the legs. The head, neck, shoulder, arm, and leg muscles are involved.

Eating - Caregivers should begin feeding infants solid foods at the parent's request. Most doctors recommend that infants begin eating solid foods around six months of age. Different muscles are used for eating solid

TEACHING STRATEGIES FOR INFANTS FROM FOUR TO EIGHT MONTHS

Infants from four to eight months are alert longer than younger infants. They adapt better to a scheduled routine. They can grasp, move, and bang objects intentionally. They learn to sit up without support, creep, and become able to stand with support. Some may take their first steps. They express different emotions and start interactions with others. Mentally, they learn object permanence. They also begin to imitate and repeat speech sounds. Their development progresses quickly during this period of time.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Place infants where they can move freely and safely. (Keep crib sides up; provide floor space.)	Encourage the infants to roll from back to front and from front to back.
Prop infants in sitting position with pillows. When infants can sit alone, place them in a sitting position for short periods of time. Supervise carefully.	Help infants sit with and without support.
Provide floor area with safe resistance (soft vinyl or carpeting with traction, furniture to push against). Place toys slightly out of reach for motivation.	Encourage infants to creep toward and reach for objects.
Provide toys which infants can grasp without frustration. Clutch balls and well-designed rattles are appropriate.	Encourage early grasping movements.
Provide small toys (that cannot be swallowed) of any shape.	Encourage grasping with thumb and forefinger.
Place toys to the left, right, and front of infants. Give and receive toys from their left and right hands.	Encourage use of both hands.
Play banging games with blocks, balls, bells, etc.	Encourage use of both hands. Help infant develop hand coordination.
Observe infants' reactions to pictures and objects. Display infants' favorites again.	Encourage visual discrimination and perception of distance, color, and depth.
Feed solid food with small spoon. Be patient. Minimize distractions. Label food.	Aid infants in development of new tongue and swallowing techniques for eating.

⇨ *Table 17.3*

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Laugh, giggle, smile, and play funny games, such as "touch your nose," with infants.	Help infants express joy, happiness, delight, and humor.
Comfort, hold, and rock infants. Talk softly to them.	Help develop feelings of security and ease infants' frustrations.
Provide favorite toys. Show pleasure in repetitive play (clapping hands, etc.)	Help develop feelings of stability and share pleasure in play.
Allow unhappy infants to show rage for a short period of time by crying, kicking legs, and waving arms. Reduce or eliminate causes of unhappiness, if possible. Then comfort and calm infants by touching, rubbing back and legs, rocking, and talking in a soothing tone of voice.	Allow expression of true emotions. Help infants develop feelings of security and stability.
Introduce strangers carefully. Allow infants time to become accustomed to stranger at a distance first. Assign a specific caregiver to each infant.	Help infants overcome natural fear of strangers. Provide each infant the security of one principle caregiver.
Respond quickly and consistently to happy, sad, and angry pleas for attention.	Encourage positive and honest social interactions. Provide feelings of security and self-esteem.
Allow infants to accomplish tasks alone when possible (pulling self up, creeping for toy, eating finger foods, etc.).	Develop self-confidence through independence in actions.
Play games with infants, especially imitation games with the caregiver mimicking the infant and the infant mimicking the caregiver.	Develop communication, interaction skills, and self-esteem.

➪ Table 17.3, cont'd.

foods than for sucking liquids. At first, infants tend to gum solid food and push it out of their mouths rather than swallow it. Parents generally provide the solid food and a spoon for feeding their infant.

Teething - Infants usually begin teething around four months of age. The first tooth may appear about this time. Teething infants drool a lot and some need to wear a bib all day. Infants like to chew on hard things.

COGNITIVE DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide objects that attract attention (contrasting colors, variety in textures and designs, changes in sounds, etc.). Watch for movements the infants repeat in relation to the objects.	Stimulate sensory reactions; encourage repetition of actions.
Initiate simple actions (open mouth, smile, laugh, put finger on own nose, etc.). Wait for infants to imitate action. Offer praise and imitate actions of infants.	Encourage imitation of actions and sounds.
Show the infant a toy. Play with it briefly. Hide the toy briefly. Play with it again.	Help infants develop concept of object permanence.
Cover part of an object with a blanket or cloth; wait for infants to push or pull cover off object. Play the Peek-a-Boo game with an object.	Help infants develop concept of object permanence.
Respond to infants by talking. Use normal speaking patterns and tones. Show pleasure in interaction with infants.	Encourage cooing, babbling, and smiling. Provide positive patterns for language development.
Call infants by name.	Help infants recognize their name. Help infants develop a positive self-concept.

⇨ *Table 17.3, cont'd.*

When they begin teething, gums may be swollen and sore. A cold teething ring will soothe sore gums.

Seeing and Hearing - Infants four to eight months old are attracted to faces, shapes, designs, and anything that is colorful. Placing pictures, mobiles, and colorful objects at floor and crib level aids vision. Infants enjoy making and responding to sounds. Caregivers should imitate sounds back to them. Seeing, hearing, and reaching becomes more coordinated during this period.

Emotional and Social Development. Four to eight-month-old infants show various emotions. Among these emotions are happiness, fear, pleasure, and frustration. Smiles, frowns, cries, gurgles, coos, waving arms, quietness, stiffness, and bouncing are examples of ways infants may express their emotions.

Infants around five months of age may begin showing fear of strangers or people they do not see often. This is called stranger anxiety. It is normal infant behavior. Infants may have stranger anxiety when they become aware that self is separate from others. The

infant may cling to a caregiver, cry, cringe, or attempt to move away from an unfamiliar person.

An infant's basic temperament is usually evident by four months. Some infants will adapt to changes easily. For others, changes in eating patterns and routines need to be introduced gradually. Active infants wiggle, squirm, and topple over from a propped-up position. They generally move enough on their own to get enough exercise. Less active infants should be picked up and moved to new positions frequently while they are awake.

Socially, infants from four to eight months develop strong attachments to parents and other familiar caregivers. Infants also begin to initiate and respond to interactions with other adults and children.

Cognitive Development. Cognitive development from four to eight months focuses on two areas. These areas are object permanence and language development.

Infants four to eight months of age begin to learn that they are separate from objects. Usually at four or five months of age, infants will visually search for an object that disappears. Later, they learn to physically search for a disappearing object. "Hide-and-Seek" and "Peek-a-Boo" games help infants learn the concept of object permanence.

Cooing, babbling, and crying help infants develop the ability for speech. Cooing is a pleasurable speech sound made by younger infants. Cooing seems to help infants express feelings of comfort and satisfaction. Babbling is the repetition of consonant-vowel sounds (bababa, dadada, mamama). It involves the infant playing with speech sounds. Babbling is more advanced than cooing.

Infants' first speech sounds are not intentional. Infants seem fascinated by these sounds and begin to experiment with them. As they experiment, they find they can make changes in the sounds. When caregivers respond favorably, infants want to repeat sounds. When a caregiver repeats a sound the infant makes, the infant may learn to also imitate sounds.

Speech stimulation and repetition encourage infants to practice sounds. Infants also begin to learn the process of talking, listening, and talking again. The result is better development of and control over language. Gradually, infants learn to start "conversations." An infant begins making a particular sound to attract caregiver attention and response. If the caregiver can attach a word meaning to the sound, the caregiver should use the word in a sentence. For example, if "ba" sounds like "ball," the caregiver can say to the infant, "This is a ball." Verbal interaction skills are important for caregivers of infants.

Eight to Twelve Months of Age

Infants eight to twelve months of age can move by creeping and crawling. They can pull themselves up to a standing position and walk around things. Most will walk with help, and a few will begin to walk by themselves. Infants of this age use their thumbs and fingers to grasp objects. This skill allows them to pick up tiny objects. All objects within their reach should be safe to move, taste, and touch. Infants at this age also like toys they can push and pull.

Infants from eight to twelve months of age keep trying new skills and learn preferences. They become possessive of people and objects and will actively search for people and objects that can no longer be seen. By twelve months of age, infants use different sounds, babbling, and words to communicate with themselves and others. They learn to connect a word with a specific object or action. More than anything else, they are fascinated with their new ability to move around. Table 17.4 provides example of teaching strategies for use with infants from eight to twelve months of age.

Physical Development. Eight to twelve-month-old infants have rapid physical development. Their muscles develop rapidly during this period. Development is seen in both large and small muscle control. Infants of this age will usually follow routines for eating, sleeping, and elimination.

Large Motor Development (Locomotion) - Mobility is the ability to move from one place to another. It is an important new physical skill for older infants. Mobility eventually results in the ability to walk without help. Most infants walk alone sometime after the first year. However, a few infants walk unassisted as early as eight or nine months of age. Several stages precede the ability to walk unassisted. The stages of large motor development are as follows:

- stepping with the feet while being held upright (approximately three to six months)
- sitting unassisted, followed by the ability to move from a lying position to a sitting position without assistance (approximately six to eight months)
- standing with the aid of a caregiver or by holding onto a sturdy object (approximately six to ten months)
- creeping, moving forward with abdomen touching floor (approximately four to eight months)
- crawling, moving forward on hands and knees (approximately six to twelve months)
- pulling up from a sitting to a standing position (approximately seven to nine months)
- walking with assistance by holding onto and walking around furniture or while being led by a caregiver (approximately nine to twelve months)
- first attempts at walking alone, characterized by uncoordinated attempts at balancing, sitting or falling down, pushing up to standing position, and trying again and again until the skill is mastered

Temperament and activity level affect the process of learning to walk. Highly active infants may learn to walk before less active infants. Some infants will be frustrated by repeated tumbles. Others will get up without a whimper and try again.

The process of walking cannot be hurried if a child is not ready. The caregiver's responsibility is to create surroundings that encourage walking.

Small Motor Development (Grasping and Stroking) - During this period, infants learn to grasp objects using the thumb and fingers. By nine or ten months of age, infants can pick up tiny objects, such as small buttons and straight pins. Infants often put small items in their mouths. Be careful to remove any objects that infants can swallow or that can cause choking. Larger, safe objects, with parts that an infant can grasp, should be offered to promote small motor development.

Older infants with their new grasping skills can pinch hard enough to cause pain. However, they are not old enough to realize that pinching can hurt.

TEACHING STRATEGIES FOR INFANTS FROM EIGHT TO TWELVE MONTHS

Infants from eight to twelve months of age move by creeping and crawling, by pulling themselves up to a standing position, and by walking around objects. Infants at this age use their thumb and fingers to grasp objects like toys they can push and pull. They try new skills, learn preferences, become possessive of people and objects, and actively search for people and objects that can no longer be seen. By twelve months of age, infants use different sounds, babbling, and words to communicate with themselves and others. They connect words with specific objects or actions. Their new ability to move around fascinates them.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide low furniture that has no sharp edges and will not tip over. Pad corners of furniture, if needed.	Encourage pulling up to standing position and standing alone while holding onto an object. Provide a safe environment.
Provide obstacle-free floor space. Place infants' favorite toys slightly out of their reach.	Encourage crawling. Show respect for infants' toy preferences. Allow infants to exercise some control.
Provide low, sturdy, two or four-step equipment.	Encourage infants to crawl up stairs.
Holding infant's hand, walk slowly and allow infant to control own step and balance movements.	Encourage walking with assistance.
Provide several objects at once that stimulate infants' interests. Occasionally give infants an object to hold in each hand.	Encourage use of one hand to hold object an one hand to reach and explore. Encourage use of two hands to hold items.
Allow infant to hold own bottle while caregiver holds infant. Allow infant to hold own cup and spoon. Serve finger foods when possible.	Encourage grasping and holding skills and independence.

Table 17.4

Stroking is a small motor skill that develops between eight and twelve months of age. Stroking is touching with the fingertips. Encourage gentle stroking by providing a variety of textures for infants to touch and feel.

Eating - Eating routines are usually fairly well set by the end of the first year. Infants at this age usually have definite food likes and may want to feed themselves. This independence should be encouraged. It is important to emotional development and for small motor development. However, infants eight to

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow infants to make choices. If infants show resistance to an action that must be taken, try to give infants two possible choices. An example is, "Do you want to put on your hat or your mittens first?"	Help infants develop independence. Show respect for infants' preferences. Promote positive behaviors.
Praise positive behaviors. For example, say "Felipe keeps his apple on his plate. This is good Felipe."	Promote positive behavior, self-esteem, and self-control.
Allow infants to do things for themselves as they show interest. Adjust time schedules to allow this.	Help infants develop independence.
Stay within sight of each infant in your care. Provide positive verbal attention even while attending other infants.	Give feelings of security.
Verbalize limits, avoiding the use of "no" whenever possible. Provide choice of other activities and materials.	Establish consistent limits without encouraging defiance.

➪ ***Table 17.4, cont'd.***

twelve months of age are not old enough to feed themselves without help from a caregiver.

Older infants who drink liquids from a bottle will hold their own bottles while caregivers hold them. Drinking from a cup should be encouraged during "mealtime" when solid foods are served.

For mealtime, infants are most easily fed while seated in highchairs. Infants quickly show interest in holding the cup and spoon themselves. This independence should be encouraged, even though some food and liquids are usually spilled. Finger foods are ideal and should be served when possible. Assist in feeding infants to make sure that they eat enough and get a balanced diet. Mealtime is a good time to have positive infant/caregiver interactions.

Infants learn to bite as they get their first teeth. Foods that require some chewing (peeled apple slices, crackers, etc.) help infants use their teeth for biting. Infants will bite anything that goes in their mouths. Sometimes they will bite other children and cause teeth marks and bruises. Infants are too young to know that biting causes pain to others. Be alert to help prevent infants from biting others. Provide appropriate food items and other objects for infants to bite.

Sleeping - Infants eight to twelve months old will generally sleep eight to ten hours at night and take a morning and afternoon nap.

COGNITIVE DEVELOPMENT	
Caregiver Strategy	**Objective**
Introduce new imitating games. For example, "This is Alicia's nose. (Touch Alicia's nose.) Can you find Alicia's nose?"	Help infants imitate others' actions. Help infants learn names for things. Improve eye-hand coordination.
Play hiding games. For example, hide the car under the blanket or hide the ball behind you. Be sure the infant experiences both visual and manual success in finding the object.	Help infants develop concept of object permanence.
Read simple picture books with familiar objects. Encourage infants to identify objects by touching pictures.	Encourage vocabulary development.
Name important objects. Label sounds that infants make in relation to specific objects, actions, and persons. For example, when the infant says "ba" when playing with a ball, say "ball" and use it in a sentence — "Greg has a ball."	Encourage vocabulary development.
Provide writing space and materials suitable for this age group. Supervise carefully. Put up materials when the infant loses interest.	Encourage interests in writing. Develop eye-hand coordination and small motor skills.

Table 17.4, cont'd.

The sleep needs of each infant may be different. Routines at home and the body's need for sleep affect each infant's sleep patterns. As infants become older, they will have more awake time to be alert and play. Their nap times become shorter.

Elimination - Bowel and bladder elimination patterns become more predictable and stable as infants get older. Diapers generally are wet less often than previously. Infants may have bowel movements only once or twice a day, often about the same time each day. Report to parents any changes in appearance or frequency of bowel movements.

Emotional and Social Development. Emotional development during the eight to twelve-month period shows in several ways. The most obvious signs are development of preferences; persistence at trying; and expression of delight, anxiety, and fears.

As infants gain preferences, they begin trying to control their surroundings. As a result, they become more independent and gain self-esteem. Their preferences may be for toys, food, clothing, or even for individuals. With new independence, infants sometimes behave in negative ways (pushing food away, dropping or throwing food on the floor,

BEST COPY AVAILABLE

throwing a toy, etc.). Appropriate guidance skills are needed to handle these situations.

Infants are self-centered. They cannot consider the feelings or needs of others. They may be possessive of objects and people. On the other hand, they enjoy interactions with others. Because of mobility skills, infants can move toward or away from people and things for the first time.

Older infants need the security of having a familiar caregiver in sight at all times. Room arrangements can be planned so this is possible, even when a caregiver cares for several infants. Verbal communication from a caregiver to an infant helps to reassure the infant.

Cognitive Development. Cognitive development during this period centers around infants' mobility and independence. They are able to see self as separate from objects and other people. They have developed the concept of object permanence. These infants will begin to actively search for people or objects which they can no longer see. For example, the infant may search on a low shelf for a toy that the caregiver placed there. Simple hiding games will hold the infant's attention.

By the first year, infants begin to separate their thinking about what they want to do from how they can do it. For example, an infant who notices a toy behind a chair may try more than one way to reach it.

Language development occurs as different sounds and babbling are labeled with meaning. Infants learn to associate three or four "words" with a specific object, action, or person. For example, "gink" may mean drink and "bye-bye" may mean good-bye. "Dada" may mean daddy and "ba" may mean ball. Infants can understand many more words than they can speak. They may know what a table is and may even obey a request to place something on it, but they cannot say the word "table." They can usually identify a table in their close surroundings. However, they cannot classify similar objects as tables.

Reading aloud to eight to twelve-month-old infants aids their language development. The books chosen should have pictures of objects that are familiar to them and few words.

The first attempt at scribbling is a developmental task of this period. The role of scribbling in writing development can be compared to the role of babbling in verbal language development. Infants should be supplied with crayons or other appropriate tools for scribbling. These tools should be stored when the infant loses interest.

◆ ***Essential Questions:*** ◆
Caring for Infants

1. What are four examples of daily routines used in the care of infants? List one teaching strategy for each of the four routines.
2. There are three age groups of infants: birth to four months; four to eight months; and eight to twelve months. What are the developmental areas and characteristics of infants in each age group?
3. How can a caregiver help promote language skills in infants?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Prenatal development is affected by heredity and environment. Genetic traits and defects are passed to a child when the genes of both parents pair. Critical factors affecting prenatal development are substances a mother eats, drinks, and breathes.

- ☆ The neonate's respiration, temperature, circulation, and digestion must all adjust during the first few weeks after birth. Parents, other caregivers, and medical personnel must help the infant adjust until the body can work well on its own.

- ☆ Observable biological behaviors (states) in the newborn are deep sleep, irregular sleep, doze, quiet alert, waking activity, and crying. Reflexes present at birth are breathing, swallowing, sneezing, coughing, yawning, hiccupping, gagging, vomiting, and eliminating bodily wastes.

- ☆ From birth to twelve months, infants rapidly gain muscular control over their bodies. Emotional, social, and cognitive development is directly tied to the infant's physical well-being.

- ☆ Teaching strategies for infants from birth to four months should emphasize developing muscular control in the hands, neck, and arms; establishing regular eating and sleeping routines; providing a stimulating environment; and developing emotional and social security through bonding with caregivers.

- ☆ Infants continue to progress in all developmental areas from four to eight months of age. They are awake and alert for more hours during the day, creep, grasp objects, express a wide range of emotions, begin to develop the concept of object permanence, and start to initiate interactions with others.

- ☆ Teaching strategies for infants four to eight months should provide appropriate visual stimulation, safe play areas, toys, positive social and emotional contacts, opportunities for self accomplishment, and exploration.

- ☆ Between eight and twelve months of age, infants are mobile by creeping, crawling, and walking with assistance. They can also grasp objects, become possessive of people, and begin to use combinations of sounds, babbling, and words to communicate with others.

- ☆ Teaching strategies for infants eight to twelve months of age should emphasize large muscle development, develop fine motor skills such as grasping, allow the child to make choices, develop positive behaviors, provide sensorimotor activities, and help with language development through activities such as identification of objects.

Chapter 18

Toddlers

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7B Practice effective communication skills.
- 7H Determine appropriate techniques when guiding children, including those with special needs.
- 8E Analyze the effect of family stability on children's behavior.

Chapter Vocabulary

difficult child
easy child
slow-to-warm-up child
telegraphic speech

Children are toddlers between ages one and three when they normally learn to walk. The new ability to move around allows the toddler to explore, discover, and learn. Toddlers are normally energetic and impulsive. They can crawl, walk, run, open drawers and doors, throw objects, climb up stairs, and climb over objects. These new skills, often used at full speed, can lead toddlers into danger. Safety is a major concern of caregivers for children at this age. Caregivers should always be alert for unsafe behavior, broken toys, and other safety hazards. Many new

objects a toddler encounters will cause frustration and fear. Although toddlers need to gain independence, the fact is that they are still dependent. Such conflict may result in temper tantrums and negativism because of frustration.

The concept of object permanence is important to the social and cognitive development of toddlers. Toddlers are much more aware of their world than infants. Toddlers act differently around familiar people than they do around strangers. They look for familiar objects that have been moved or hidden. Language develops to the use of recognizable words.

A toddler's physical development centers on muscular control and growth. Emotional development is shown through attachments to caregivers and more independence. Social development for a toddler is shown in the child's ability to play alone, alongside others, and eventually to share. The cognitive development of toddlers centers on learning problem-solving and language skills. Teaching strategies must provide nurturing. Play activities and language experiences are also very important to toddlers' development.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the developmental level of each toddler.

Physical, emotional, social, and cognitive development in children are completely interrelated and cannot be taught separately. Having positive, nurturing interactions with toddlers is very important to their development.

TWELVE TO EIGHTEEN MONTHS OF AGE

Toddlers from twelve to eighteen months of age are very active as they discover their world. They touch, grasp, move, and taste objects. Yet toddlers may be frustrated if they cannot complete tasks without help. Teaching strategies must allow for frustrations of toddlers. Activities should allow for differences in development of each toddler. Table 18.1 provides example teaching strategies appropriate for use with twelve to eighteen-month-old toddlers.

Physical Development

Major physical traits of twelve to eighteen-month-old toddlers include the ability to stand up, walk, or crawl; reach and grasp; visually search an area; feed themselves; and carry objects. Most changes in toddlerhood result from the development of muscle control and coordination. Other physical changes also affect the toddler. Vision abilities increase and sleeping and eating routines change. Toddlers enjoy and grow from varied teaching strategies that arouse their senses and use their muscles. Large muscle activities, such as walking, should be emphasized. Activities should also involve sensory experiences with materials like puzzles, shapes, and blocks.

Muscular control. Large muscle skills become better developed during toddlerhood. Toddlers continue to lurch, fall down, and bump into things as they learn muscle control and coordination. Toddlers walk with their legs spread far apart and arms held high for comfort and balance. As toddlers get older, their steps become more even. They learn to

TEACHING STRATEGIES FOR TODDLERS FROM TWELVE TO EIGHTEEN MONTHS

Toddlers from twelve to eighteen months of age are very active as they discover their world. They touch, grasp, move, and taste. Yet toddlers may be frustrated if they cannot complete tasks without help. Teaching strategies must allow for frustrations of toddlers. Activities should allow for differences in development of each toddler.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Encourage use of climbing equipment, such as padded inclines, sturdy boxes, etc.	Help toddlers develop large muscle coordination and balance.
Provide a safe area and a target for toddlers to throw small, soft objects.	Encourage large and small muscle development.
Put toys and objects available for toddlers in places where they can reach, grasp, and move them.	Encourage eye-hand coordination.
Allow toddlers to help in dressing and undressing themselves as much as possible. Assist when needed.	Help toddlers develop eye-hand coordination and small muscle skills.
Allow toddlers to feed themselves as much as possible. Assist when needed.	Encourage small and large muscle coordination.
Observe and record food preferences. Introduce new foods gradually. Combine new or least favorite foods with favorite foods for needed nutrition.	Help toddlers develop a variety of tastes. Encourage good nutritional habits.
EMOTIONAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Consistently smile and laugh to show happiness. Use a firm voice and no smile to show anger.	Help toddlers develop confidence in recognizing emotions in others.
Provide opportunities and props for acting out fear, insecurity, joy, and anger.	Encourage toddlers to express emotions and resolve conflicts.
Provide touching, stroking, and holding interactions; accept and return physical and verbal affection.	Encourage expression of emotions and develop security with caregiver.
Allow toddlers to attempt activities by themselves. Do not interfere if toddler can succeed without help.	Encourage confidence and expand independence.

➪ *Table 18.1*

SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide positive reinforcement for the toddler as an individual.	Help toddlers develop a positive self-concept.
Provide ample materials and toys so sharing may be encouraged but not required.	Encourage development of social skills while providing for individual needs.
Recognize toddlers' attempts to gain affection and attention. Respond quickly to those behaviors.	Provide security and confidence. Encourage communication.
Do not force toddlers to interact with all people. Expect different responses to different people. Accept toddlers' choices.	Encourage social interaction.
COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Hide toys while toddlers watch. Ask them to find the toys. Praise successful efforts. Provide time and materials that encourage toddlers to search and identify the cause of certain actions, such as rolling a ball under a chair.	Help toddlers develop concept of object permanence. Encourage toddlers to investigate cause and effect relationships.
Encourage toddlers to imitate and pretend to perform the actions of others. Allow them to develop and repeat own preferences.	Encourage development of positive behaviors and development of rituals.
Repeat words used by toddlers. Expand their words into short, simple sentences from time to time.	Encourage development of sentence formation.
Play sound games. Point out a picture of an animal and make the sound it makes.	Help toddlers develop vocabulary and encourage talking.
Become familiar with toddlers' words and gestures. Watch their behavior to determine what is being said. Respond appropriately.	Help toddlers develop vocabulary. Increase ability to recognize and respond to words that they cannot say.
Label animals, objects, and persons. Ask toddlers to name these items.	Help toddlers develop vocabulary and learn to identify familiar pictures or persons.

Table 18.1, cont'd.

use their hands for carrying objects. Toddlers have developed the fine muscle skill of grasping. However, it is difficult for them to relax muscles to release objects. This trait may cause toddlers to fling or throw toys when trying to release them. It often takes months for a toddler to be able to relax muscles when desired. Be alert for safety hazards caused by toddlers who throw objects. Good supervision and alert reactions may prevent injury to other children.

Seeing. Toddlers enjoy watching objects, people, and actions. The toddler's world should contain different types of visual stimuli. Children may look around in an area to search for a favorite toy or a new toy of interest. Toddlers should be allowed to gaze for as long as they need to. Be ready to assist if a child asks for help or appears to want help. A variety of stimulating and interesting visual experiences aid toddlers' development.

Sleeping. As toddlers mature they may change from taking two naps per day to one nap per day. Some children make this change more rapidly than others. Teaching strategies should include quiet activities before naptime. A darkened room, soft music, and comfortable sleeping areas help toddlers relax. If possible, lunch should be moved to an earlier time for toddlers so an earlier afternoon nap can be scheduled. Rearranging the schedule might keep some children from falling asleep during lunch.

Eating. Toddlerhood is a time of learning and growing independence. Toddlers want to learn to feed themselves and should be allowed to do so. Teaching strategies for eating, as with other daily routines, should encourage learning. These strategies should be kept as free as possible from time limits and adult rules. Activities before mealtime should be quiet to encourage a good appetite. Eating areas should be as calm and quiet as possible. Caregivers should act as role models for good manners. However, toddlers need to touch food and eat with their hands sometimes. Having child-sized tables, chairs, cups, utensils, and smaller portions of food help to encourage self-feeding. Colorful foods, both new and familiar, in different textures and flavors should be served.

Emotional Development

Between twelve and eighteen months, toddlers may feel conflicting emotions of dependence and independence. This range of emotions is frustrating to children and caregivers. Toddlers' frustration may result in temper tantrums, physically aggressive behavior, or negativism. Separation anxiety is another common emotional problem for toddlers. Often toddlers will become upset when separated from parents or a favorite caregiver, so patience and understanding will help. Provide toddlers with nurturing and positive learning experiences. Teaching strategies should allow toddlers to express feelings while learning to control behavior.

Temperament. Heredity and environment affect a child's temperament. Various characteristics have been measured to identify temperament styles of children. Characteristics which seem to be useful in measuring temperament include the following:

- activity level
- behavior regularity
- approach or withdrawal
- adaptability
- responsiveness

- intensity of reaction
- mood quality
- tendency to be distracted
- attention span

Through measuring temperaments, researchers have identified three temperament styles. The ***easy child*** displays behavior which is regular (consistent). He or she approaches situations positively, adapts well, and displays a positive mood. The ***difficult child*** displays irregular behavior and withdraws with negative reactions. He or she usually does not adapt well and expresses negative moods. The ***slow-to-warm-up child*** displays mildly intense reactions which may be positive or negative. He or she displays behavior which is mildly irregular. Teaching strategies should allow for individual differences in children. Activities should encourage each child to develop his or her own sense of identity.

Emotional Responses. Toddlers seek independence by controlling their surroundings. These attempts at control are sometimes emotional. Toddlers often resist when others try to control their behavior. They may often be negative because of their struggle for independence. These negative responses are normal. These responses show that children are trying to express their new abilities.

Toddlers continue to waver between dependence and independence. Sometimes toddlers have experiences they cannot handle. They may not be able to communicate their frustrations or needs. As a result, toddlers may cry, show physically aggressive behavior, and throw temper tantrums. Teaching strategies should teach positive, self-controlled behavior.

Control of Emotional Responses. There are several strategies caregivers may use to aid toddlers' emotional development. It is very important for caregivers to be consistent in setting up and enforcing rules. Modeling appropriate behavior is also very important. Children learn their concepts of right and wrong from adults. Eliminate all but the most basic rules. Set reasonable limits. Make clear and simple corrections. Use positive communication and intervention techniques. These guidelines help children to develop more appropriate and self-controlled behavior. When a warm, secure, and fair environment exists, teaching strategies can aid in the emotional development of toddlers.

Social Development

Toddlers are self-centered. They understand the world only from their own point of view. From twelve to eighteen months, toddlers begin to develop the concept of object permanence. They are able to separate "self" from other objects and people. At this age, toddlers most often play alone or alongside others. They do not interact with each other in play. Often, a toddler's first social attempt is with a caregiver. Teaching strategies should allow toddlers to play by themselves. Activities should also encourage some positive, sharing interactions with others.

Self. Developing the concept of object permanence provides the basis for self identity. Children gain knowledge about themselves during the first year of life. As toddlers continue to understand themselves, they use such words as I, me, my, and mine. These words represent the toddler's point of view. They do not understand that there are other points of view. Toddlers believe the

whole world feels and thinks exactly as they do. In the process of learning who they are, toddlers learn to distinguish between themselves and others. By around eighteen months, toddlers are able to recognize themselves in the mirror.

Others. Toddlers behave differently toward different people. When they recognize familiar caregivers, they are eager and excited. With substitutes or new caregivers, toddlers may be withdrawn and quiet. Toddlers use different behaviors to get attention from their favorite caregivers. Caregivers should recognize and respond to these needs for attention. Understanding the toddler's newly developed sense of self and others is key to teaching and caring for toddlers. Caregivers should be patient and understanding in their attempts to help toddlers develop socially.

Cognitive and Language Development

Between twelve and eighteen months of age, cognitive development increases. This increase is largely due to exploration, imitation, and the understanding of object permanence. Language develops through imitation of words and sounds that toddlers hear spoken to them. Teaching strategies should include hide and seek games, classification games, reading books, imitation and pretend games, and verbal games. These activities encourage language development.

Exploration and Imitation. As object permanence is learned, toddlers may look for a toy that is hidden or moved. They also begin to be curious about what causes certain things to happen. They learn by exploring and experimenting. Toddlers experiment by prying, poking, dropping, and looking at their toys. Logical reasoning is not a part of these activities. Toddlers do not try activities just to achieve success. They want to observe the results of their own actions.

The attention span of toddlers is short. They do not spend much time with one activity or toy. They lose interest quickly. Toddlers constantly explore things around them. They gradually become aware that others can cause actions to happen. Toddlers then begin to imitate the behavior of others in their play. They also develop their own play habits as well as copying how others play. In imitating, children may walk like another child or try to sit or stand like their favorite caregiver. This imitation of rituals should be encouraged in toddlers.

Language Development. Language development changes from babbling sounds to use of more recognizable words. Toddlers talk about current happenings, needs, and desires. Caregivers need to be available to listen and respond. Before language develops fully, a child may communicate needs through body language and facial expressions. Encourage verbal communication skills through books, reading, imitation of sounds, nursery rhymes, songs, and even writing. These teaching strategies work best when caregivers give individual attention, affection, and encouragement to toddlers.

◆ Essential Questions: ◆
Twelve to Eighteen Months of Age

1. What is toddlerhood?
2. How would you describe the physical, emotional, social, cognitive and language development of toddlers twelve to eighteen months of age?
3. What are some different teaching strategies that can be used to promote physical, emotional, social, cognitive, and language development?

EIGHTEEN TO TWENTY-FOUR MONTHS OF AGE

Toddlers in this age group gain more control over large muscles and continue to develop fine motor skills. They prefer large muscle activities like climbing, running, jumping, and riding. Toddlers also enjoy small muscle activities like assembling, sorting, or building.

The relationship between caregiver and toddler constantly changes. As a toddler becomes more independent, the child's relationship with the caregiver changes. Emotionally, toddlers begin to fantasize. Their behavior may become more spirited than before. Be flexible and supportive with toddlers. Maintain control gently yet firmly.

As toddlers get older, they start to share with others and expand social relationships with others. Object permanence is understood. Vocabulary expands rapidly. Children label and recognize objects. Toddlers at this age begin using mental trial and error rather than physical trial and error. As always, teaching strategies should allow for differences in the level of development of individual children. Example teaching strategies appropriate for use with eighteen to twenty-four-month-old toddlers are included in Table 18.2.

Physical Development

Toddlers between eighteen and twenty-four months are much more stable and coordinated. They have more control over small muscle actions. They can release objects which have been grasped. By this age, most children show a tendency to use the right or left hand. They should be encouraged (not forced) to use the hand that feels comfortable to them. Toddlers in this age group may have most of their baby teeth and begin to use a toothbrush. Teaching strategies should provide ample time and space for active toddlers. They should be allowed the freedom to attempt to do as much as possible by themselves.

Muscular Control. Muscular control is greatly increased in children this age. They can walk forward, backward, and sideways. Most can kick a ball, pedal a cycle, and climb stairs by holding onto a rail or a hand. They can also throw more accurately than before. Toddlers have more wrist flexibility. This aids them in digging, twisting lids off of jars, turning pages of books, and scribbling with a marker. Teaching strategies might include puzzles and games with easy to grasp knobs. Sensory experiences with such materials as pegs, shapes, and blocks provide useful learning. Supervised free play on wheel toys, slides, and in a sandbox are important activities for toddlers.

Daily Routines. Because of increased abilities, toddlers become able to perform more self-help skills. These skills are ones which allow them to be more independent in helping themselves. Toddlers control their cups and spoons better by this time. However, feeding themselves may still sometimes be messy. Toddlers may become more particular about food choices. Meals should provide good nutrition, and a variety of foods should be offered. However, caregivers should not

TEACHING STRATEGIES FOR TODDLERS FROM EIGHTEEN TO TWENTY-FOUR MONTHS

Toddlers in this age group gain more control over large muscles and continue to develop fine motor skills. They prefer large muscle activities but also enjoy small muscle activities. Emotionally, toddlers begin to fantasize. Their behavior may become more spirited than before. They are more independent, start to share with others, and expand social relationships with others. Object permanence is understood. Vocabulary expands rapidly. Children label and recognize objects. Toddlers at this age begin using mental trial and error rather than physical trial and error.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide an area for kicking a ball into a cardboard box or a corner.	Encourage large muscle control and coordination.
Provide space for fast and slow riding of cycles, turning curves, and riding in circles.	Encourage large muscle control and coordination. Help toddlers develop balance.
Provide materials, such as zipper boards and jars with lids, to stimulate manipulation.	Help toddlers develop small muscle control and coordination.
Provide markers and paper for child to make marks.	Encourage small muscle skills and creativity.
Use daily routines, such as dressing, feeding, and hygiene, as an opportunity for expanding toddlers' abilities to care for themselves.	Encourage self-help skills.

EMOTIONAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Communicate verbally and nonverbally to toddlers that they are still loved when they reflect negative or angry feelings.	Encourage expression of emotions and develop self-esteem.
Listen to toddlers' fears and fantasies. Comfort or enjoy as appropriate. Accept their fears as real, reassure, convince of harmlessness, or remove objects frightening toddlers if possible.	Help toddlers develop self-esteem.
Allow toddlers to show intense swings in emotions and behavior. Communicate your acceptance of them as individuals. Suggest alternative behavior if needed.	Help toddlers develop self-esteem and encourage emotional expression and self-control of behavior.

⇨ Table 18.2

BEST COPY AVAILABLE

SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Understand that toddlers think that others feel and think as they do.	Encourage a positive self-image and help establish identity.
Help the toddlers identify and express verbally the feelings others show in their behavior.	Encourage awareness of others and their feelings.
Encourage and work beside toddlers who want to help clean up. Explain yourself and carefully word requests to avoid toddlers' negativism.	Encourage desirable social traits.
COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow toddlers time to work out solutions to puzzles. Offer clues to help only if asked for assistance.	Help toddlers develop use of mental trial and error skills.
Identify ideas and themes in toddlers' symbolic play that seem important to them.	Help identify areas important to fulfilling the toddlers' needs.
Recognize meanings of toddlers' use of words. Take care not to read extra meanings into what they are really saying.	Provide insight into the toddlers' meaning of different words and concepts.
Patiently answer toddlers' questions in simple, clear, short sentences.	Help toddlers develop proper language skills through imitation of positive models.

➪ *Table 18.2, cont'd.*

force a child to eat. As toddlers gain more muscle control, they can feed themselves more easily. They also become able to brush their teeth. Toddlers in this age group have most of their baby teeth. Allow toddlers to brush their own teeth and assist whenever necessary. They may need help in applying toothpaste or in washing their faces after brushing. Some children may show an interest in the potty chair during this time.

However, they are usually not ready to begin toilet training. Teaching strategies for toilet training are included as part of the physical development of toddlers between twenty-four and thirty months of age.

Emotional Development

During the eighteen to twenty-four-month period, toddlers continue to develop self-esteem through interactions with others. Fantasies increase at this age. Often children cannot be talked out of their fears. Toddlers need secure relationships with caregivers and daily routines. Their emotional behaviors become more intense at this age. They also tend to have more changes in their moods. Aggressive behavior may happen more often. Teaching strategies should provide security to calm children's fears and negative feelings. Caregivers should model consistent behavior. Positive feedback helps toddlers build their self-esteem.

Emotional Responses. Toddlers express feelings openly. They may show one or more emotions at the same time. Toddlers cannot separate their feelings from their behavior very easily. When toddlers show physical aggression toward another child, they do not realize their actions hurt. Hitting, biting, hair pulling, spitting, and pushing are common aggressive behaviors seen in toddlers.

Fears and fantasies may increase during this time. Caregivers should enjoy happy, fun fantasies with children. They should also be comforting and accepting of children's fears, even when they are not logical fears. Toddlers may shyly cling to a caregiver and later reject the same caregiver. They change moods from happy to crying or confident to fearful in a matter of moments.

Control of Emotional Responses. Toddlers begin to try to control the reactions of other people. Caregivers may make simple rules for children's emotional responses and behavior. It is very important to help the toddler develop self-esteem. Caregivers should be careful to express acceptance of each child. When the caregiver shows approval of a child's positive behavior, the child feels loved. In the child care center, adults must set limits on negative behavior and enforce rules. Keep the rules simple and give clear, consistent explanations when rules are broken. As a result, children gain a sense of security and begin to develop a sense of right and wrong. Respect the feelings and fantasies of children. This respect may be shown by allowing children to play unrealistic games or listening to a child's fantasies as if they were real.

Social Development

A toddler's use of the personal pronouns "I," "me," "my," and "mine" shows the child's self-centered view of the world. Yet at this age, toddlers begin to understand the word "you." Children in the eighteen to twenty-four month age group will not play in a group activity for more than a few minutes. Most of them function best in a one-to-one situation or playing beside each other. Teaching strategies should help develop positive feelings of self-worth and encourage getting along with others. Plan group activities with only a few children and space them as far apart as possible.

Self. Although toddlers are still very self-centered, they begin to realize that others are different. They may be seeking patterns for their own identity. Toddlers experiment by changing their identities from day to day. At this age toddlers also begin to identify objects as their own. Caregivers should be careful to recognize and allow ownership of toys.

Others. The toddler begins to be aware of the feelings of others. Usually a toddler's first social contacts are with a caregiver. Toddlers want to show their favorite caregivers their drawings and toys. They want to share their troubles and joys. They work hard to get attention and affection from caregivers. It is important for caregivers to allow and recognize these self-centered attempts at socialization. Toddlers need time to work out their individuality before they can play with others. The ability to play by themselves is very important. This ability helps toddlers entertain themselves and prevents them from becoming overly dependent on others.

Group activities for toddlers should be flexible due to short attention spans, lack of interest, and inabilities to play with others. Fidgeting, talking, clapping hands, and stomping feet are normal behaviors for many toddlers. Simple games and activities are good for toddlers. Songs and stories with motions help to hold children's attention and use some of their extra energy. When possible, toddlers should be allowed to move to different group activities individually. Group activities should be held in small groups. They should be scheduled after children have had a chance to play by themselves. Usually children who are in child care on a regular basis will improve at group participation with practice and time.

Cognitive and Language Development

Toddlers, eighteen to twenty-four months old, begin using mental trial and error. Object permanence is understood. Toddlers begin to use symbols to represent objects, ideas, and feelings while they play. Teaching strategies should include mental trial and error exercises, symbolic or pretend play, and object permanence through hide-and-seek games. The introduction of interest areas is appropriate at this time.

By eighteen months, toddlers are usually able to name a few familiar objects seen in pictures. As their language skills develop, toddlers begin to put together two or three-word sentences. Their vocabulary will grow to between twenty and fifty words. Caregivers should not discourage toddlers from speaking by correcting their grammar. To encourage good language skills, model good language usage. Encourage children to repeat proper language usage. Having frequent conversations with children helps language development also.

Developing Cognitive Skills. Though cognitive development is increasing, the toddler does not think like an adult. A young toddler cannot understand concepts like "good" or "bad." Toddlers need to learn these concepts through repeated learning experiences. Symbolic play aids in cognitive development. It allows toddlers to express and work out conflicts in a pretend world. It also helps them meet needs that have gone unsatisfied. Teaching strategies might include simple puzzles. These puzzles help children to reason mentally in placing the pieces together correctly. Clothing and other equipment should be provided for imitation or role-playing. Playing hide-and-seek games with objects also helps with mental development. Toddlers should be allowed to work as much as possible by themselves.

Developing Language Skills. Toddlers in this age group are ready to start learning social words, such as hello, thank you, and please. They learn such language skills by imitating caregivers. It is important

that caregivers talk with toddlers. Ask them questions. Listen and reply to their responses. Explain daily routines as toddlers perform them. Speak clearly and simply by using short sentences. Change voice intonation to emphasize key words and speak slowly. These methods prompt the child to imitate correct language usage. Play games with children by naming and categorizing fruits, vegetables, colors, sizes, shapes, or textures. These games encourage proper language development. Toddlers should be encouraged to explain their choices without being pressured.

◆ ***Essential Questions:*** ◆
Eighteen to Twenty-four Months of Age

1. How would you describe the physical, emotional, social, cognitive, and language development of toddlers eighteen to twenty-four months of age?
2. Why do some toddlers become aggressive during the eighteen to twenty-four month age period?
3. What are some different teaching strategies that can be used to promote physical, emotional, social, cognitive, and language development?

TWENTY-FOUR TO THIRTY MONTHS OF AGE

Toddlers between twenty-four and thirty months continue to develop better muscular control. Most are ready for toilet training. Feelings about self, such as self-image, competence, and acceptance, are developing. These children still have trouble sharing. However, they are able to recognize some emotions in others. They sometimes express concern and comfort. Toddlers at this stage can mentally sort out some objects or actions. They can form some verbal thoughts although meanings of words may change. Teaching strategies should still revolve around daily routines. Strategies should be flexible to allow for unusual situations or needs that might arise. Such skills as dressing, toileting, eating, and cleaning up are important in order for toddlers to be independent. Example teaching strategies appropriate for use with twenty-four to thirty-month-old toddlers are provided in Table 18.3.

Physical Development

Toddlers at this age are about one-half their adult height. They develop enough physical control of their muscles to have more flexible and stable movements. Toddlers are experiencing rapid growth. It is necessary that they have plenty of rest and proper food. Two-year olds play hard and tire easily. Without proper rest, they may be cranky and have less control over their bodies. Toilet training is a very important developmental task of this time period. Most children are around two years old before the nervous system and muscles are developed enough for toilet training. Usually the older the child, the easier toilet training is. Teaching strategies must allow for special needs of this age group due to toilet training.

Muscular Control. Toddlers at this age can stand, bend, walk, run, and jump. Their eye-hand coordination is more accurate. Toddlers can reach and grasp objects easily, fit objects together, and can eat with a spoon. They use either the right or left hand most often. Many children in this age group now have all twenty baby teeth. Most children this age enjoy throwing and kicking a ball or keeping time to music. They enjoy scribbling with crayons or pencils. Toddlers can turn pages

TEACHING STRATEGIES FOR TODDLERS FROM TWENTY-FOUR TO THIRTY MONTHS

Toddlers between twenty-four and thirty months continue to develop better muscular control. Most are ready for toilet training. Feelings about self, such as self-image, competence, and acceptance, are developing. These children still have trouble sharing. However, they are able to recognize some emotions in others. They sometimes express concern and comfort. Toddlers at this stage can mentally sort out some objects or actions. They can form some verbal thoughts although meanings of words may change.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Play games with toddlers. Observe safety and appropriateness of materials and play area.	Develop flexibility and encourage use of large muscle groups.
Make up rhymes and songs to which toddlers can clap, dance, and sing along.	Help toddlers develop rhythm and balance.
Provide food that will stay on a fork.	Encourage use of a fork while eating.
Ask whether toddlers need to go to the toilet before and after nap and outside play. Assist if necessary. Assist in clean up if needed.	Help toddlers develop positive toileting habits.
EMOTIONAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide experiences where toddlers can succeed often and feel good about themselves.	Encourage feelings of positive self-worth.
Be sensitive to toddlers' frustrations with tasks and social encounters.	Provide reassurance of the toddlers' self-worth.
Accept the toddlers' feelings as honest rather than manipulative.	Encourage the toddlers' expression of emotions.

Table 18.3

SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Label and verbalize toddlers' behaviors and feelings. Provide appropriate responses to these behaviors. Praise when toddlers recognize or respond to other's feelings.	Encourage the ability to recognize feelings in others. Help toddlers develop ability to sympathize.
Provide materials that require some sharing. Praise toddlers who share.	Encourage sharing and development of positive social skills.
Provide chances for toddlers to help clean up, pass out items, and assist with clothing. Praise and thank for helping.	Encourage positive social skills.
COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow toddlers to create their own classifications of actions, objects, behaviors, etc. Reinforce their observations. Question if clarification is needed.	Encourage development of mental ability to sort and define.
Use quantity and space or position words in describing objects or actions.	Help toddlers develop the ability to understand quantity, number, and space words.
Use proper word order, stress, and intonation. Expand the toddlers' phrases to whole sentences.	Encourage proper use of words and model the formation of good sentence structure.

⇨ *Table 18.3, cont'd.*

of a book while someone reads to them. They can build things with blocks, such as trains or pyramids. Toddlers can cut with scissors, open and close doors, and much more. They can accomplish many physical feats during this period. They have enough muscular control to begin toilet training.

Toilet Training. - Toilet training should begin when a child understands the relationship between a bowel movement and using the toilet. Before then, it is a waste of time and emotionally disturbs the child to try training. Toddlers who are ready to begin training tend to exhibit the following clues: showing an interest in the habits of children who are training, knowing when they need to urinate (shown by facial expression or physical stance), having the ability to stay dry for several hours, and following simple directions.

The toilet training process should be broken down into small, teachable steps. Toddlers should learn their internal warning signals. They should learn to go to the toilet, lift the lid, lower their pants, seat themselves,

wait until the elimination is completed, wipe and redress themselves, and flush the toilet or empty the pot. Toilet training is usually done in three steps. First, bowel training is started. Bladder control is harder and usually takes longer. Bladder control during waking hours is the second step to learn. Control of the bladder during sleep is the final step in learning toileting.

Caregivers should understand that there might be no results at first. Caregivers should act calm, pleasant, and unhurried so as to not upset the child. Children should be encouraged to complete toileting activities. They should not be pressured. They should not be left alone in the bathroom. Success should be praised, although not too much. Remember that toileting is a big step in toddlers' growing up. They should be made to feel as comfortable as possible when things go wrong. Excitement, hard play, illness, or a change in routines can make toddlers forget bladder control.

Emotional Development

The conflict between autonomy and self-doubt begins about age two. Just as toddlers are becoming more independent, they start to realize their need for help in some areas. If children receive encouragement and support, they develop autonomy. If children are shamed and doubted, they come to doubt themselves. Toddlers gain autonomy best when surroundings allow them to master self-help skills. Toddlers' desire to be independent makes it difficult at times for them to be cooperative. Cooperative behaviors are encouraged by modeling, positive reinforcement, setting limits, and consistent routines.

Emotional Responses. Exploring and investigating by toddlers show they want independence. As children grow, they begin to learn that they can control certain things around them. When toddlers must depend on others to meet their needs, they may become frustrated. In the early childhood years, toddlers learn to "wait" longer for needs to be met.

Toddlers attempt to please and show affection. They also show anger, fear, and aggressive behavior. A special trait of two-year-old toddlers is their desire to help caregivers clean up. Although this may take extra time, caregivers should work along with the child. Talk about the job being done. Offer suggestions on what to do next. Avoid forcing children to hurry without encouraging them. Try not to step in to finish a toddler's job. These practices by caregivers tend to teach impatience to toddlers. Children may also feel unworthy as a result. Aggressive behavior may be the result of trying to get attention or inability to communicate. When toddlers bite or hit another child, caregivers should give all their attention to the injured child. The child who bites or hits will not like being left alone.

Control of Emotional Responses. Caregivers of toddlers should set limits in positive ways. Rather than saying "no," "not now," or "don't touch," try saying "keep your hands off" or "later." Appropriate limits focus on what children are allowed to do rather

than what they are forbidden to do. The following guidelines will help toddlers learn control of their emotional responses in positive ways:

- Be a model for toddlers. Remember that children learn through imitation.
- Speak in a friendly, low-pitched natural voice. Avoid long explanations, lectures, and complicated directions.
- Phrase suggestions and directions positively. Avoid threats. Avoid using "don't" and "no" too often.
- Reinforce or follow through on a suggestion with gestures and physical help. Toddlers often need to be shown what to do.
- Accept the feelings toddlers express. Help them to recognize and express their feelings verbally. The caregiver's goal is not to suppress toddlers' feelings. The goal is to teach them to express feelings in an acceptable way.

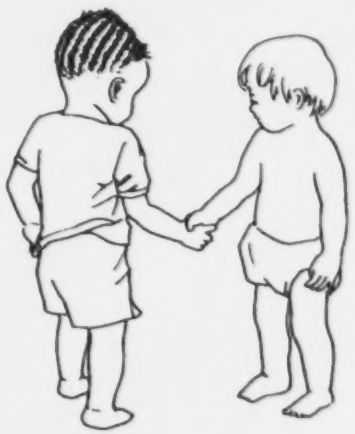
Social Development

Setting limits and correcting behavior creates a social relationship, as well as teaching emotional control. This relationship involves helping, giving, sharing, and teaching. For toddlers twenty-four to thirty months old, learning a few rules is a necessary part of life. As the difference between "good" and "bad" is learned, toddlers will want to do what is "good;" good deeds bring them praise from caregivers. The need for approval influences toddlers greatly. Caregivers should use this influence wisely and aid toddlers in social development, as well as emotional growth.

Self. Two-year-old children need assurance that there is someone who can protect them. This need leads them to seek approval of their actions. For example, a twenty-four-month-old child who makes a building out of blocks may seek approval. The child is seeking social approval, as well as developing fine motor, language, and cognitive skills. Receiving approval helps toddlers develop pride and confidence in themselves. Learning self-help socialization skills is a major part of the development of toddlers.

Caregivers must also include socialization skills that help toddlers get along with others. Simple rules, limit setting, and fair and consistent enforcement of rules will guide toddlers toward this goal.

Others. Being self-centered prevents young toddlers from seeing other points of view. They cannot see the results of their own actions. In the twenty-four to thirty-month-old age group, toddlers gradually recognize how others feel. They may hug a child who is hurt or give a crying child a toy for comfort. Caregivers should respond to these first attempts at socializing. Toddlers will then begin to see possible results of their own aggressive behavior as they grow older.



Toddlers enjoy parallel play more than group activities. Sharing is not common with toddlers. Short group activities should be scheduled in the late part of the morning. This time offers toddlers the best chance for positive group interactions. Above all, toddlers should be allowed to progress socially at their own paces. They will soon develop an awareness of other children and receive pleasure from their company.

Cognitive and Language Development

Two-year-old toddlers quickly become thinkers. They begin to work things out in their minds before taking action. Interest begins in creative activities, such as drawing or block building. Toddlers become interested in television and pretend play. They begin to understand simple cause and effect and about chains of events. They learn about results of their behavior and the passage of time. They continue to confuse "today" with "tomorrow" and "yesterday" with "today."

Toddlers at twenty-four to thirty months begin to put together two or three-word sentences, such as "See car go." Non-essential words are left out of these sentences. This is called ***telegraphic speech***. Avoid using "baby talk" with toddlers. Talking down to children confuses them. It also sets a poor example for them to follow. Caregivers should talk slightly above the child's level. Be understanding of children who are trying to learn more than one language. Some children may be learning a different language at home. This may cause them great anxiety. The language setting of the child care center may be frightening and strange to a two-year-old toddler who has no experience with it.

Cognitive Development. The development of intelligence involves learning to control impulses and emotions. The toddler learns through trial and error. Much of this learning is very concrete. Abstract thinking follows later. Children best understand experiences related to themselves. Therefore, much learning occurs through physical interaction with surroundings. Toddlers gradually come to recognize likenesses and differences. They slowly learn to place things in categories. Toddlers learn colors and basic shapes. They learn to solve problems, such as puzzles. They begin to understand the relationship between pictures and reality. During this period, children also learn to make comparisons. These skills are based on the toddlers' newly developed ability to mentally manipulate ideas.

Language Development. Growth of language in toddlers is greatly influenced by adults who talk with and listen to them. Children pattern their sentences from hearing others use word patterns. Children also learn stress and intonation. Using stress and intonation helps toddlers share their specific needs. For example, "MY ball" indicates a child's feelings of ownership. Saying "my BALL" might show a child's enthusiasm at seeing a new ball. Reading, thinking, problem solving, and communication encourages language growth and other mental development. Stories read aloud are a major teaching strategy used with toddlers.

◆ ***Essential Questions:*** ◆
Twenty-four to Thirty Months of Age

1. At what age should toilet training begin? Why?
2. How would you describe the physical, emotional, social, cognitive, and language development of toddlers twenty-four to thirty months of age?
3. What are some different teaching strategies to promote language development?

THIRTY TO THIRTY-SIX MONTHS OF AGE

As toddlers become more confident in their physical abilities, they tend to experiment more at the cognitive level. The toddler learns to use mental symbols or words to represent absent objects and past events. Toddlers are willing to recall past experiences in dramatic and imaginative play. The new ability is also related to the child's growth in understanding and using words. Teaching

strategies should provide challenging activities to encourage further growth in all developmental areas. Example teaching strategies appropriate for use with thirty to thirty-six-month-old toddlers are provided in Table 18.4.

Physical Development

Most toddlers are more confident in their physical abilities between thirty and thirty-six months. Caregivers should be alert for children who are developing more slowly than others. Remember that periods of rapid physical growth cause toddlers to lose control of their feet and stumble over things. These periods can be frustrating for toddlers and may result in behavior problems. Teaching strategies for physical development should still focus on learning self-help skills, such as dressing, toileting, eating, and washing.

Physical Abilities. Children at this age are better at both fast and slow movements. They can walk or run quickly and usually maintain their balance. They can jump, twist, and turn to dress or undress. They can attempt zipping, snapping, and buttoning clothing. At this age, children can carry out sleep routines themselves. Most children have completed toilet training by thirty-six months of age. They may need occasional reminders to go to the bathroom. Uncluttered floor space and games for running, jumping, and walking should be provided. Having consistent daily routines are very important.

Emotional Development

Toddlers strongly express their feelings and emotions. They let you know how they feel and then may move on to another emotion. Almost anything that is interesting or gives pleasure seems right to a toddler. Children have trouble understanding that it is good for them to take a nap when they are having fun playing. Knowing how toddlers think about right and wrong aids caregivers in helping them accept reality. Caregivers

should allow children to express their emotions and confusion with rules and limits. Teaching strategies should allow caregivers a chance to listen to toddlers. Strategies should help guide toddlers toward learning positive and acceptable behavior.

Emotional Responses. When toddlers learn skills, their feelings of competence, self-worth, and self-acceptance improve. At this age, toddlers express enthusiasm with learning. Activities should provide challenging experiences within guidelines. Toddlers may be physically aggressive to gain control of different areas of their world. They may hit, bite, or be negative as they attempt to assert themselves and show their independence.

Control of Emotional Responses. Learning to control behavior is different from learning to control feelings. Caregivers can help children stop hitting others by showing them ways to express anger without hitting. Children may hit because they have seen others do it. Help toddlers understand why they feel angry. Provide vigorous activities, such as running or riding big wheel cycles, to help them work out their feelings.

Social Development

As toddlers near their third birthdays, they spend less time in routine activities, such as eating, sleeping, and dressing. They have

TEACHING STRATEGIES FOR TODDLERS FROM THIRTY TO THIRTY-SIX MONTHS

As toddlers become more confident in their physical abilities, they tend to experiment more at the intellectual level. The toddler learns to use mental symbols or words to represent absent objects and past events. Toddlers are willing to recall past experiences in dramatic and imaginative play. The new ability is also related to the child's growth in understanding and using words.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Play games and sing songs which include jumping, clapping, running in place, and walking.	Encourage development of large muscle control.
Allow ample time for toddlers to manipulate clothes. Assist and demonstrate buttoning and zipping if needed.	Encourage development of small muscle control.
Plan time in schedule for children to do as much of daily routines as possible.	Develop confidence and ability to complete self-help skills.
EMOTIONAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Accept toddlers' initial response. Help them understand feelings and appropriate behavior. Provide activities for toddlers to work out feelings and need for control.	Encourage development of appropriate behavior while expressing emotions.
Reinforce toddlers' excitement with learning. Provide challenging materials, toys, and experiences which they need to use often to master.	Encourage enthusiasm and help develop mastery of skills.
SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide opportunities for toddlers to exert acceptable control over others.	Help toddlers develop social skills needed in dealing with others.
Use daily routines to help control wait time (Example: taking turns to wash hands).	Help toddlers develop ability to wait for needs to be met.

➪ *Table 18.4*

COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Have toddlers use art to represent objects, feelings, ideas, etc. Listen to their explanation of pictures.	Encourage ability to think symbolically.
Use time words in daily routines, such as "We take a nap after lunch."	Help toddlers develop an understanding of time concepts and words.
Read aloud. Use expression. Tell storyline. Listen to children "read."	Help toddlers develop reading skills. Encourage proper use of language.
Write notes to children and others. Label objects.	Encourage toddlers to scribble.

➪ *Table 18.4, cont'd.*

more social experiences. Examples are talking, trying to get attention of a caregiver, or seeking approval from others for completing a task. Playing together is still rather simple and accidental. Most of their socializing happens during physical activities. As toddlers grow older, they cooperate in play and even form deep friendships. Children should be allowed to control some toys or materials for a period of time. Time should be allowed for children to help caregivers in routine tasks. Caregiver/toddler communication is very important. Sharing should be encouraged by giving toddlers chances to share. Children who share should be praised.

Self. Toddlers continue to be self-centered at this stage of development. Toddlers assume that everyone understands the exact meanings of their words. They do not realize that others may have different meanings for the same words or experiences. Toddlers between thirty to thirty-six months are possessive of toys. As a toddler's sense of self grows stronger, he or she expands interactions with others. These children are more aware of others as individuals. They often try to direct others' actions. They may try to control other people, animals, and toys. Self-control also increases. They can sometimes accept short delays in their needs being met.

Others. Social development cannot be accomplished by oneself. It comes from interactions with other people. When toddlers seek answers to problems or approval from caregivers, they are learning social skills. Toddlers find talking an enjoyable experience when caregivers listen to their thoughts and ideas. This verbal sharing eventually leads them to share other things. Manners are also a social skill. A toddler who has been taught to say "please" and "thank you" may be no more thoughtful than a child who does not know these nice words. However, these toddlers do learn that manners will bring praises and smiles. As a result, they feel good about themselves and may be more friendly. Toddlers learn to be thoughtful in much the same way they learn to share and take turns. If they are kind to other people, other people return their kindness. Teaching strategies should reinforce positive communication and behavior in toddlers.

Language Development

As toddlers progress, symbolic thinking increases. Language growth happens rapidly. Toddlers are known for their tendency to get into things. They develop interests in coloring, painting, music, dance, and dramatic play. To aid creative development, give toddlers the chance to explore and work with a variety of materials. Be aware of toddlers' needs. Observe activities which children prefer during free play periods. Such observation help caregivers understand and plan better teaching strategies for toddlers.

It is impossible to separate language from the toddler's overall growth and development. Making certain sounds is not possible until children have gained physical control of their tongues. As toddlers play more with others, the need to talk becomes stronger. Toddlers are able to understand most language they hear before they are able to say it themselves.

Cognitive Abilities. At this age, the toddler can mentally sort events and objects. Children are learning to think about objects and actions without having actual physical experiences. As toddlers mature they have a greater need to set things in order. They are aware of the sequence of events, passing of time, and space around them. Putting toys away gives toddlers the chance to learn about space and order. When playing with puzzles or trains, they can learn about sequence. At this stage, understanding time is limited to understanding words like "before," "now," and "after." Toddlers become more interested in pretend play during this period. A good toy for pretend play is the telephone. Toddlers usually imitate adults when using a toy phone. At about this age, the children become interested in television. At first, toddlers usually prefer to watch commercials. Commercials are loud, full of fast music, spoken in simple words, and repeated. Even television programs designed for children should be used only occasionally as a learning tool. Children learn best by doing rather than watching.

Language Skills. At thirty to thirty-six months of age, toddlers can identify actions in pictures and give their full names. Vocabulary continues to increase. As language skills grow, toddlers start to connect different experiences mentally and can have conversations. Provide words for objects which a child cannot name. Be patient, relaxed, and unhurried in conversations. Pretend play is also good for speech development. The better children speak, the more they will pretend. Toddlers love animals. Using animal sounds helps in getting children to pretend play. Later, toddlers can tell about the things that certain animals do. This helps toddlers practice language skills and learn more about the world. Caregivers may even get tired of the amount of talking which some toddlers do. However, caregivers should be patient with toddlers in developing language skills. This is a time of great joy and celebration for children.

◆ Essential Questions: ◆
Thirty to Thirty-six Months of Age

1. What is meant by self-help skills? How can these be promoted?
2. How would you describe the physical, emotional, social, cognitive, and language development of toddlers thirty to thirty-six months of age?
3. Friendships are becoming important at this age. How can a caregiver promote good social development?

Chapter Highlights

- ☆ Toddlerhood occurs between ages one and three and is a period when a child attempts to discover his or her world.
- ☆ Teaching strategies for toddlers twelve to eighteen months should emphasize development of large muscle coordination and balance, development of eye-hand coordination, improvement of small muscle coordination, and development of a variety of tastes.
- ☆ Toddlers experience a time of rapid physical, emotional, and social development. It is also a rapid development period for cognitive and language skills.
- ☆ Teaching strategies for toddlers eighteen to twenty-four months old should emphasize all the skills being developed in the twelve to eighteen-month period in addition to teaching self-help skills.
- ☆ Toddlers in the twenty-four to thirty-month period learn symbolic thinking and many new words.
- ☆ Teaching strategies for toddlers twenty-four to thirty months should emphasize development of flexibility of large muscles, development of rhythm and balance, encouragement of the use of eating utensils, and the development of positive toileting habits.
- ☆ In the thirty to thirty-six-month period, toddlers experiment with more internal, cognitive levels than with external, physical skills.
- ☆ Teaching strategies for thirty to thirty-six-month age group should continue to emphasize strategies in the previous stage with more emphasis on development of self-confidence and abilities to complete self-help skills.

Chapter 19

Preschoolers

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.

Chapter Vocabulary

discovery model
instructional model
norm

Preschoolers are children who are three, four, and five years old. Preschoolers are like scientists. They wonder about themselves and their world. They learn by testing themselves and their surroundings.

Preschoolers come in all sizes, shapes, and speeds. Caregivers should not forget that each child is an individual. When children are grouped by ages, development is discussed in terms of norms. A ***norm*** is what is "average" for that age. What is "normal" for one child may be above or below the "average." The same child may differ in developing different behaviors or skills. The child of three may speak like a child of four or five. However, he or she may run and jump like other three-year olds. The same child may sometimes have temper tantrums like a two-year-old.

Even though differences exist within age groups, it is important to know what to expect from each age group. Understanding an age group helps caregivers plan activities and structure routines which meet children's needs. This knowledge also helps caregivers identify children's behaviors that may need special attention.

Many five-year olds in child care attend a public school kindergarten part of the day. They may be in child care both before and after kindergarten. The same is true for four-year olds that attend public pre-kindergarten programs. Child care programs can meet the special needs of these children. Such programs should reinforce and complement their other "school" experiences.

Suggested teaching strategies are listed in this chapter. Although they are listed by age level, they can be adapted to other age levels. These teaching strategies are only examples. Caregivers may select others from available books and references on preschool curriculum.

Many teaching strategies are used as a caregiver sees the right moment during the child's play (***discovery model***). Other strategies are led or begun by a caregiver (***instructional model***). In all cases, caregivers should prepare and maintain surroundings which fit the developmental levels of the children.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the developmental level of each preschooler. Physical, emotional, social, and cognitive development are completely interrelated. They cannot be taught separately. Having positive, nurturing interactions with preschoolers is very important to their development.

THREE-YEAR OLDS

Age three is a leveling place between the demanding twos and the energetic fours. Three-year olds are very busy and become more capable of caring for their own needs. As three-year olds mature, they learn to communicate more clearly with others. Table 19.1 provides example teaching strategies appropriate for use with three-year-old preschoolers.

Physical Development

Three-year olds are in a state of steady growth. Their bodies are more manageable than they were at age two. Balance is improving and they can stand on one foot for short periods of time. Large muscles are developing. Three-year olds can run and jump easily. Skipping and hopping are often too difficult for them. They have more control over their activities. Pedaling a tricycle and climbing are easier than before. At this age, children have a sense of rhythm. They like moving to music with movement, such as running, jumping, and galloping.

Small muscle development and coordination also improve. However, small muscle skills are not as advanced as large muscle skills. Three-year olds can put simple puzzles together and can draw with some control. Their movements may be awkward and slow. They enjoy simple finger plays. They can dress themselves with little help. Extra time must be allocated for small muscle activities since skills are being learned, and perfected.

Three-year olds are extremely busy. They hurry everywhere. Their attention span is still short (10 minutes or less). Their interests are

TEACHING STRATEGIES FOR THREE-YEAR-OLD PRESCHOOLERS

Three-year olds are growing steadily with improving balance. They are usually happy and try to please. They learn through their senses and love to talk.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Have a three-year-old sit on the floor opposite you. Roll the ball to the child. Expect the child to "catch" the ball and roll it back. Increase distance as skill develops. Then, throw and catch the ball while standing.	Help children develop large muscle control and coordination.
Put a strip of wide tape on the floor. Pretend it is a circus high wire. Have the three-year-old walk on the "high wire."	Help children develop balance and large muscle skills.
Draw or tape a two-foot square on the floor or sidewalk. Have a child hop in place, pretending to be a rabbit.	Help children develop balance and large muscle skills.
Have three-year olds move to music by walking, running, or galloping. Change the speed of the music.	Help children develop large muscle skills.
Encourage the use of clay or play dough to roll balls, snakes, and cookies.	Help children develop small muscle control.
Provide appropriate writing and drawing materials. Show three-year olds how to hold a pencil or crayon, allowing them to use either hand. Expect them to stay on paper. Praise their scribbles. They may volunteer names for their "pictures."	Help children develop finger and hand skills.

⇨ *Table 19.1*

beginning to expand. Since they are so active, three-year olds need a midday rest even if they do not sleep.

Most three-year olds are toilet trained and usually can take care of toileting. Accidents may occur when children are involved in play or do not want to leave a fun activity. Three-year olds want to develop control over their body functions. They should never be punished or shamed for toileting accidents.

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Express your feelings. For example, you might say, "I feel sad today. My cat is sick." Encourage and accept child's expression of feelings.	Help children learn to express their feelings.
Provide toys and equipment that require sharing. An example is a see-saw.	Encourage sharing.
Provide items that stimulate the imagination, such as costumes, dress-up clothes, etc.	Encourage development of creative thought.
Combine toys from two learning centers, such as trucks and blocks.	Encourage imaginative play.
Expect three-year olds to put toys away. Allow plenty of time. Work with them, praising their work.	Help children develop responsibility.
COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Read simple books with colorful interesting pictures. Stories should be about real people, animals, cars, family, and neighborhood.	Help children identify objects and understand relationships.
Help children recall past events.	Help develop memory.
Repeat same finger plays, songs, rhymes, and stories often.	Help develop memory.
Have children sort blocks, nuts, shells, large wooden beads, or other objects by color, shape, or size.	Help children recognize likenesses and differences.
Have children count three items or name three items in a picture. Increase number of items as skill progresses.	Help children understand number concepts.
Help children develop vocabulary words for social communication. Use words, such as "please," "thank you," "help," and "your turn."	Help children develop vocabulary to help with social interactions.

⇨ *Table 19.1, cont'd.*

Emotional and Social Development

Three-year olds usually are happy with themselves. They try to please and conform as they become more sociable. They begin to play together in small groups and talk about what they are doing. They can wait for turns and share toys; however, they may not want to share a workplace. They are interested in other people and often will show concern if another child gets hurt or is upset.

Generally, three-year olds do not have a "best friend." They will be friends with children of either sex who are playing nearby. Three-year olds make a real effort to please peers and may become very upset if a peer says, "I won't be your friend."

Three-year olds are eager to learn. They often say, "I can do it myself." Caregivers should allow children to persist at a task until they begin to show frustration. When the child begins to show signs of frustration, the caregiver should offer assistance.

Three-year olds show a variety of emotions. Sometimes they will try to get attention by showing off. At other times, their fears cause them to seek comfort. They may cry or strike out when they are frustrated. At these times, the child needs the comforting attention of a caregiver. Three-year olds still depend on adults for security, approval, comfort, and praise.

Three-year olds like repetition. Their imagination grows and becomes more vivid. They like the repetition of familiar stories and enjoy hearing those stories read over and over. Three-year olds may have make-believe animals or playmates that play with them. These children also enjoy playing dress-up and taking on the roles of adults and story or television characters.

Cognitive and Language Development

The three-year-old child wonders about everything. "Why?" is a constant question. They use all of their senses to learn. At this age children want to know what things are, what they are called, how they work, and how they relate to each other. These questions show that three-year olds begin to have broader views of the world. Children should be given accurate and simple answers. Expect young children to ask the same questions over and over again.

Three-year olds enjoy stories. Realistic stories teach children about their world. Stories with a plot and imagination help stimulate thought and promote cognitive development. Three-year olds like to see the pictures in storybooks. Therefore, pictures should be large and relatively simple. When selecting books a simple rule to follow is "one line of print per year of age on each page."

Three-year olds are quite verbal. They know many words and recognize more than they use. They like to talk about new things that interest them. Caregivers should have a variety of interesting activities available that stimulate thought and language. Three-year olds' curiosity will cause them to explore these activities and encourage development. Talking with and listening to children encourages them to talk.

Not all three-year olds are at the same stage of language development. Some may use full sentences and talk quite well. Others may leave out verbs, nouns, or other pronouns and talk "baby talk." During conversations, try to repeat, in full sentences, what a child has said. This helps in language development. When children are in a group, it is usually best to let them talk without correcting or repeating what they have said.

Memory is increasing for three-year olds. They can follow simple, concrete directions for some tasks. Good jobs for them are stacking books, setting the table, pouring juice, and putting away toys. They enjoy learning simple jingles and songs. Three-year olds may start to recognize colors and numbers. For example, they understand, "Pick up the blue toys," and "Give me three napkins."

◆ Essential Questions: ◆
Three-Year Olds

1. What are norms? How can caregivers use norms in providing quality child care for preschoolers?
2. How would you describe the physical, social, emotional, cognitive, and language characteristics in three-year olds?
3. What is one teaching strategy that promotes physical development? Social development? Emotional development? Cognitive and language development?

FOUR-YEAR OLDS

Four-year olds present a special challenge for caregivers. They have become more independent of adults and are less eager to please adults. Four-year olds want to be like their peers and will do almost anything to be accepted by the group. Growth and change occur in all areas of development. Example teaching strategies appropriate for use with four-year olds are provided in Table 19.2.

Physical Development

Four-year olds have improved control of large muscles. They are physically hard to control and noisy. They run, leap, climb, push, pull, tug, roll, tumble, hit, wrestle, and chase each other. They may become physically aggressive and stubborn, trying to solve quarrels with their fists rather than with words. Having this abundance of physical energy is typical to the physical development of four-year olds. Within limits, caregivers are wise to allow for these physical traits of four-year olds. It is important to use consistent and firm guidance techniques.

Four-year olds show better small muscle control. They have improved control of their hands and fingers. Therefore, they can cut on a line, saw a board, and handle a paper punch fairly well. Their coordination improves rapidly. They can talk and eat or talk and play at the same time. They can handle buttons, zippers, and snaps without too much effort

TEACHING STRATEGIES FOR FOUR-YEAR-OLD PRESCHOOLERS

Eager three-year olds challenge caregivers more as they near age four. They become much more independent of adults. They are less eager to please their peers. Changes occur in all areas of development.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Have children catch a ball, balloon, or bean bag. Adjust distance and speed to ensure success. As skill increases, increase the distance and speed.	Encourage large motor development and eye-hand coordination.
Play hopping and jumping games.	Encourage large motor development.
Increase outdoor activity time. Provide opportunities for running and active play.	Encourage children to practice large motor skills. Allow children to release physical energy.
Provide experiences for using scissors, matching complexity of design to ensure success but also to challenge.	Encourage small motor development.
Have children perform simple paper-folding tasks, such as folding napkins for meals.	Encourage small motor development.

EMOTIONAL AND SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Encourage children to talk about fears. Read stories that tell about fears other children have. Discuss "real" and "not real."	Encourage children to express feelings. Help children deal with their fears.
Help children choose words to express their feelings and work out conflicts. For example, say to Jean, "Tell Roy how you feel when he takes your blocks. Ask Roy if you can borrow his red car."	Encourage expression of feelings. Encourage use of words to settle disputes.
Reinforce positive behaviors in each child. In stopping problem behaviors, show that the behavior is bad, not the child.	Help children develop self-esteem.
Encourage helping tasks, such as pouring milk, putting a spoon at each plate, passing out pipe cleaners, etc.	Help children develop self-confidence.

⇨ Table 19.2

COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Choose books with humor, funny words, a plot, action, make believe, and detailed pictures.	Help children develop creative language skills. Help children see differences in real things and things which are not real.
Play "Which One is Missing?" Show children a group of four or five objects. Cover with a cloth or prevent peeking. While they close their eyes, remove one object. Lift the cloth and say, "One, two, three. Look and see. What's missing?" Increase the number of objects as skills increase.	Help children develop memory.
Have children compare and place objects by size. Use words like big, small, wide, narrow, thick, and thin.	Encourage understanding of size relationships.
On a large calendar, have a child place a number for the date each day.	Help children recognize numbers.
Have children classify objects and pictures by category, such as animals, tools, fruits, eating utensils, etc.	Encourage development of abstract thinking.
Allow children to help make a short list of simple rules, such as rules to follow when they wake up from nap time.	Help children develop reasoning skills.

⇨ *Table 19.2, cont'd.*

and some four-year olds learn to tie their shoes.

Emotional and Social Development

Four-year olds are sociable and like to play with other children. They can be cooperative, friendly, and easy to get along with. However, they can also be bossy, stubborn, and impolite. Often they do not want to share. Four-year olds begin to learn about group "membership." These children may exclude peers from group activities. They may talk about inviting certain children and not inviting others to a birthday party. However, they do not like to be left out of a group. For this reason, time-out is often a good guidance technique for four-year olds. Time-outs result in a child being sent to a place to be alone and think about his behavior for a short period of time.

Impressing others is important to four-year olds. They like to brag. They brag about family members, family activities, and their accomplishments. Children may start using "bad" words and calling each other names. They quickly learn that these behaviors get

reactions from others. Negative reinforcement (ignoring) of bad behaviors and positive reinforcement (praising) of good behaviors usually works. If children continue name-calling, punishment may be needed. Isolating them in a place where they are not able to talk with or see other children often helps resolve the problem.

Other people become very important to four-year olds. They may have a "best friend." Four-year olds are often impressed by people in the news or on television. However, they are still emotionally dependent on parents and other caregivers. They quote important adults in their lives as authorities. Four-year olds may occasionally not want to leave a parent on arrival at the center. They may still need comfort from a caregiver throughout the day.

Four-year olds are restless and easily over-excited. Ideas may become bigger than the ability to carry them out. This often causes unhappiness and frustration. Some four-year olds may have temper tantrums.

Four-year olds have an active imagination. Imagination may develop into fears. Children may fear the dark, animals, thunder and lightning, strangers, or monsters. These children need security and sensitivity from adults in dealing with fears.

Cognitive and Language Development

Four-year olds begin to have abstract thinking. They begin to apply what they learn in one situation for other situations. They start to reason and see relationships between things and events. This is the time when they notice that dogs and cats are both animals. They understand that apples and oranges are both fruits. They can see that some buttons are large and some are small.

Four-year olds frequently interpret things incorrectly. For example, one four-year-old was asked how he wanted to spend his birthday money. He said, "I want to pay the water bill." This reply was prompted when his parents gave an older sister money to pay the water bill for them. The four-year-old thought it was lack of money which kept him from getting to do the same task.

Four-year olds start to think in a symbolic way. This new ability is demonstrated in their artwork and language. Artwork begins to show representation. For example, a four-year-old may draw a picture of a real airplane. Four-year olds like to exaggerate. Words like "billions" and "tons" creep into their vocabularies. New found intellectual abilities make learning big words and playing word games great fun. They also enjoy making up silly words that give meaning to objects.

Four-year olds try to separate fact from fantasy. They ask even more "why" questions than three-year olds. If a question is answered, a four-year-old may ask another question such as, "What does that mean?" He or she may make a statement like, "My granddad doesn't do it like that."

Four-year olds usually use complete sentences when talking. However, their minds are full of things they want to say and often they cannot speak as fast as they think. Sometimes they talk so fast they seem to stutter. Listening patiently to what children have to

say and restating what was said reduces frustration and aids in getting the child's needs met.

◆ Essential Questions: ◆
Four-Year Olds

1. What are some characteristics of social and emotional development in four-year olds? Cognitive and language development?
2. What are some examples of teaching strategies for each of the developmental areas listed in the previous question?
3. What is the importance of imagination as a stimulus for learning?

FIVE-YEAR OLDS

Compared to four-year olds, five-year olds are calmer and more self-controlled. Five-year olds distribute their energy between motor activities and intellectual activities. Attention span has increased. This growth and development make five-year olds appear more organized and in control.

Many five-year olds spend part or most of the day in public school kindergarten. The needs of these kindergarten children are much like those of children in school-age programs (see Chapter Twenty). After being in a kindergarten setting, either half-day or full day, the primary need of children is for social interaction and emotional release. These needs should be met through developmentally appropriate activities. The child care program should not be the same as a regular kindergarten program, but rather should compliment it.

Some children will be in full-time child care during their kindergarten year. For these children, intellectual goals may be stressed to prepare them for first grade. They can participate in games and sensory activities that may teach letter recognition, phonics, number recognition, simple counting, similarities and differences, special relationships, problem solving, and following instructions. Such activities prepare children for formal schoolwork. They also help them develop self-esteem and social skills. Example teaching strategies appropriate for use with five-year olds are provided in Table 19.3.

Physical Development

Five-year olds like physical activity. By age five, children have more skill in using large and small muscles. They can walk a straight line and kick a ball toward a target. They can climb up and down a ladder and catch a ball thrown gently to them. They like to jump rope, march, roller skate, and ride a two-wheel bike.

Five-year olds can use pencils, crayons, and paintbrushes better than before. Encourage these activities but expect different skill levels and avoid comparing abilities of children. Small muscle control develops early for some children and later for others. Practice is critical to skill development. Five-year olds are usually eager to learn to tie shoelaces. However, they should not be forced. Children will learn to tie when they are ready. Seeing other children tie their shoes makes them want to

TEACHING STRATEGIES FOR FIVE-YEAR-OLD PRESCHOOLERS

Five-year olds are quieter and more easygoing than four-year olds. They display less energy than before and seem to "have it all together." Many five-year olds spend part or most of the day in public school kindergarten. Their needs are primarily social and emotional. The child care program should not be the same as a regular kindergarten program when meeting these needs. For children who are in full-time child care during their kindergarten year, cognitive goals may be stressed to prepare them for first grade. Games and sensory activities that prepare them for school and allow them to develop self-esteem and social skills are best.

PHYSICAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Play "Beanbag Toss" or "Four-Square" (four children stand around a large square divided into fourths; children take turns bouncing a ball into a designated square).	Help children develop large motor skills and eye-hand coordination.
Plan music and movement activities that involve hopping, bending, galloping, skipping, marching, and walking.	Help children develop large motor control and coordination.
Plan art activities that include cutting, placing, and pasting.	Help children develop and refine small motor skills.
Plan simple projects that require hand sewing (using yarn and a large needle with a rounded point) on burlap or other suitable cloth.	Encourage development of small motor skills.
Provide carpentry experiences that involve use of hammers, nails, a vise, and soft wood.	Encourage large and small motor skills; help children develop eye-hand coordination.

➪ *Table 19.3*

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow five-year olds to help younger children, as appropriate.	Help children develop self-confidence.
Plan group activities that require cooperation to complete the project. Activities might include building a neighborhood in the sandbox, painting a mural, or decorating a bulletin board.	Encourage development of responsibility and friendships.
Encourage five-year olds who attend kindergarten part of the day to talk about their day and share their feelings about "school." Respect their need for a change of pace.	Help children have continuity of experiences; help children to express feelings.
COGNITIVE AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Read longer stories with a plot. Five-year olds like adventure stories, fantasy stories, and scary stories that end happily.	Encourage language development.
Have children tell simple stories–either familiar stories or ones they make up. Encourage use of full sentences.	Encourage development of memory, imagination, and language.
Have children give step-by-step directions on how to perform a simple task, with caregiver following directions. Help them see humor when unclear directions are given.	Help children develop sequencing and reasoning abilities.
Plan simple discovery (science) experiments that develop concepts of volume, gravity, sound, balance, evaporation, etc.	Encourage children to ask questions; help children relate experiences to their world; help children interpret results.
Play "Just Now." Say "Listen carefully to the directions I give you. Do not follow my directions until I say "just now." For example, "Stomp your feet two times–just now." "Nod your head–just now."	Help children develop listening skills.
Provide counting and simple adding and subtracting activities. "You have two red beads and one blue bead. Put them together. Now how many do you have?"	Help children understand number relationships.

⇨ *Table 19.3, cont'd.*

learn. If they wear shoes with other fasteners, tying shoes may not be important to them.

Five-year olds have a longer attention span than younger children. They may work fifteen to twenty minutes.

Emotional and Social Development

Emotionally and socially, five-year olds tend to conform. They like to please adults and be accepted by their peers. They are independent. However, they will ask an adult for help as needed. Rules have meanings and are understood by five-year olds. These children see rules as rigid and unchanging. Five-year olds generally want to do and say the "right" things. A kindergarten teacher and caregiver may seem like the smartest people in the world to five-year olds. Five-year olds are often affectionate with adults. They may give the caregiver a surprise hug or "I love you." Most five-year olds are dependable, self-reliant, obedient, happy, serene, and proud.

Five-year olds are also self-conscious and easily embarrassed. They do not like to make mistakes, repeat what they have said, or stand out in a group. This is a time during which self-esteem is at-risk.

Socially, five-year olds are cooperative and friendly. There is generally less conflict in group play with five-year olds than among four-year olds. Five-year olds are more likely to respond with words rather than fighting.

Because five-year olds are sensitive to the feelings of others they tend to include other children in activities even if they have a "best friend." They may criticize children who do not follow rules and cooperate with the group. They like table games, role-playing, dramatizing, pretend games, and pantomiming. Five-year olds will work together to draw a mural or to build a sand castle. They develop a concern for the feelings of their playmates and the value of playing fairly.

Cognitive and Language Development

Five is an age of cognitive awareness. Questions asked by five-year olds are more thought-provoking and less demanding. They seem to be seeking understandings, not just information. They can separate fantasy from reality.

Five-year olds may be concerned about alarming things they see on television. They might worry about a riot or a flood in another city. They will want to know if the riot and the flood could come "here." Five-year olds need to talk about these concerns. They are usually satisfied by careful listening and honest answers from a caregiver. Then they want to share their "new" information with others.

Time concepts begin to develop. Five-year olds want to learn to tell time. They may be able to tell time with a digital clock. A clock with hands may be too complicated for them.

Five-year olds have a sense of order. They are developing skills in problem solving. They often think through an idea before they speak. They like to run errands and help adults with simple tasks. They can follow directions with three or four simple steps.

Five-year-old children have a sense of humor and enjoy telling jokes. They may pull innocent tricks on adults and peers. They have trouble laughing if the trick is on them.

Most five-year olds are interested in "school." They may read in an unconventional way and begin to write. A few five-year olds may have already learned some reading and

writing skills. They want to learn to recognize letters, numbers, and words. They paint and draw with definite ideas in mind, and they love singing, stories, poetry, nature, and science experiments.

By age five, many children know their full names, addresses, the names of parents, and their home telephone numbers. This is a difficult task for children who have moved recently. Most five-year olds have learned to recognize and write their own names.

Five-year olds talk in full sentences using most parts of speech. Their speech may not always be correct. Language is a basic tool that five-year olds use to interact. Caregivers should observe the language skills of five-year olds carefully. Any concerns should be reported to the supervisor or director.

◆ Essential Questions: ◆
Five-Year Olds

1. How do five-year olds differ from three and four-year olds? How are they similar?
2. What are two teaching strategies for each developmental area for five year-old children?
3. What special child care needs might children have who attend kindergarten as well as child care? How do teaching strategies differ for those children as compared to children in full-time care?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ Knowing the developmental norms for preschool children in each age group helps caregivers plan activities and structure the daily routines to best meet the needs of most children.
- ☆ Three-year olds have better balance, more control over their bodies, a better memory, and increased vocabulary. They are more sociable, quite verbal, and seek to please others. They are very active and their attention span is short.
- ☆ Teaching strategies for three-year olds should include large muscle activities done with music, activities which aid development of balance, scribbling and drawing activities, toys which require sharing, activities to stimulate imagination and imitation, and concrete learning experiences.
- ☆ Characteristics of four-year olds include better control of large muscles, better hand control, more desire to be accepted by others, active imaginations, symbolic thinking, and using complete sentences when speaking.
- ☆ Teaching strategies for four-year olds should emphasize large and small muscle development, accepting responsibilities, positive behaviors, classification of objects, and memory games.
- ☆ Caregivers of five-year olds should aid mental skills such as asking more thought provoking questions, having an interest in time concepts, and having an interest in "school." Helping children to develop self-esteem and skill in interacting with other people is very important.
- ☆ Teaching strategies for five-year olds should help them develop and refine large and small motor skills, encourage them to express their feelings, help them develop self-confidence, encourage development of problem solving skills, and encourage creative development.

Chapter 20

School-Age Children

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 7H Determine appropriate techniques when guiding children, including those with special needs.

Chapter Vocabulary

brainstorm
latchkey children
middle childhood
self-care children

During the years between ages six and twelve, school-age children progress from dependent first graders to independent early adolescents. Their physical, emotional, social, and cognitive skills develop quickly during this time, which is called the school-age years or ***middle childhood***. The school-age years are filled with fun, school, family, friends, and other activities.

AREAS OF DEVELOPMENT

Physical Development

Physical growth is quite evident in children ages six through twelve. Children in this stage grow taller and slimmer as they develop a more adult physique. In the beginning of the school-age period, boys and girls develop physically at much the same rate. They grow about two to three inches taller and four to five pounds heavier each year. Children between the ages of six and eight enjoy active games that use their large muscles. They are typically more developed in gross motor coordination than fine motor skills. They usually like running, climbing, jumping, and playing simple games.

At ages nine and ten, girls begin to grow faster in height and weight than boys their age. They may actually grow taller than boys in their classes. At age twelve, girls begin a major growth spurt and boys begin to pick up about twelve or thirteen years of age. Growth is slower in middle childhood than preschool years, but it is steady. Girls are more physically mature than same-age boys; that is, girls have reached a greater percentage of their adult height than same-age boys. During the later stages of middle childhood, body changes (hips widen, breasts bud, pubic hair appears, and testes develop) indicate that the body is approaching puberty. Girls may also begin to menstruate. Children begin to recognize the differences between boys and girls.

Children ages nine through twelve develop interests in more specific motor skills. They tend to prefer organized sports, skating, or bicycling other than running or jumping. Older school-age children show improvement in the development of fine motor skills. Improved skills are often evident in art activities, writing, playing musical instruments, and other tasks that may require small muscle precision.

Some children may find difficulty balancing high energy activities and quiet activities. Intense activity may bring tiredness. Children of this age often need ten hours of sleep each night.

Children toward the end of middle childhood become almost as coordinated as adults. They show increases in body strength and hand dexterity. There is also a noticeable improvement in coordination and reaction time. Most differences between boys and girls in motor abilities are due to expectations and experiences. Children exposed to the same physical education activities show few gender differences in abilities.

Emotional and Social Development

School-age children show greater social awareness during this stage. Adult and peer relationships deepen. As children gain their independence and are becoming more worldly, they may typically test their growing knowledge with back talk and rebellion. They may begin to see parents and authority figures as fallible human beings. Outbursts of anger are less frequent. At the same time, they have a strong need to feel accepted and worthwhile.

The older a child becomes, the more important companionship with friends becomes. Children of this age develop a sense of self and find it important to gain social acceptance and experience achievement. Friends become increasingly important. Popularity, clubs, competition, cruelty, and aggression all become important considerations. Close

friends are almost always of the same sex, although children in this age group are usually interested in peers of the opposite sex. There is also an increased interest in competitive sports.

Children form many preferences and habits during the school-age years related to personal hygiene, food, and personal safety. Also important during the school-age years is learning leisure activities – activities that prepare children to reduce stress and in which others participate just for fun.

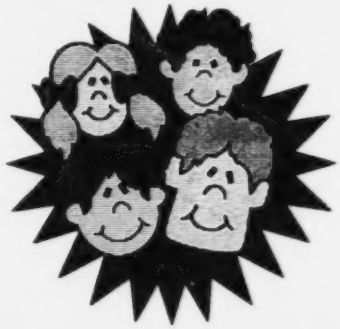
Children ages nine through twelve are becoming better able to reach out to others. They need more opportunities to develop giving relationships and to understand the world around them. It is important for children to feel a sense of community and to feel connected and accepted.

Cognitive Development

Between the ages of seven to eleven, children's thinking depend more on logic and less on perception. Piaget has called this third stage of cognitive abilities the concrete operational stage. The term concrete means that logic is based on what the child has at some time experienced. The last stages of cognitive abilities Piaget called formal operations (ages eleven and older). In formal operations, a person can reason more abstractly.

The difference between concrete and formal operations can be seen in how a child plays a board or card game. A child in the concrete operational stage can follow the rules and makes a move based on the play at that time. An older child can think ahead and plan strategies.

School-age children need time to play, enjoy hobbies, be with peers, and just have time to think or daydream. The home is a very important learning environment. School also meets many of the intellectual needs. Children need a strong out-of-school world, a world of things to do and see.



Children have a driving need to learn, although their methods of processing information vary with developmental stage. During middle childhood, children no longer need to learn through physical manipulation and can think about and solve problems in their heads. Children become interested in bringing projects to completion, especially products that result in usable and real products. Children, ages nine through twelve, are often interested in reading fictional stories, magazines, and how-to project books. They may develop special interests in collections or hobbies.

◆ Essential Questions: ◆
Areas of Development

1. How would you describe the physical development of the school-age child?
2. How do school-age children develop emotionally and socially?
3. Why is cognitive development an important aspect of school-age children?

BEST COPY AVAILABLE

UNDERSTANDING SCHOOL-AGE CHILDREN

Children's school hours are not always the same as parents' working hours. Working parents of school-age children need child care for before-school, after-school, school holidays, and school vacation times. Programs to fill this need may be called school-age child care programs, after-school programs, extended-care programs, or extended-day programs. Many child care centers have programs to fill this need. Some public schools also offer these programs.

The needs of school-age children are different from those of younger children. School-age child care programs must be planned to meet these needs rather than planned like preschool programs. School-age children need security, a feeling that they can trust adults and be trusted. They need freedom to be independent, while having clear limits that define what they can or cannot do. They need affection, caring, and acceptance of their individual differences. School-age children want to solve their own problems, but have an adult's help available when needed.

School-age children are social and enjoy working in groups. Group projects give children outlets for energy while promoting the development of social and problem solving skills. Examples of projects include making paper maché objects, planting a flower bed, playing board games, having cooking lessons, and doing exercises. Activities should offer variety to children who spend most of their day at school. Summer programs give children the chance to have enriched learning experiences.

School-age children range from six through twelve years of age, or from first to sixth grade in school. Most children in school-age care will be six through nine years of age (first grade through fourth grade). Guidelines for working with older school-age children are discussed in a special section in this chapter. Self-care programs for school-age children are also discussed briefly.

In general, school-age children have many traits and needs in common. Table 20.1 summarizes traits and needs that caregivers should consider when caring for school-age children.

Age Differences

School-age children go through similar stages. Yet no two children are exactly alike. Development varies from child to child. However, knowing what to expect at each age helps to plan programs and observe each child's development. Table 20.2 gives general traits of school-age children at different ages.

Recognizing Developmental Problems

By age six, most delays in growth and development will have been noticed. However, some problems, such as those related to hearing or vision, may not have been discovered. Behavior problems and problems in doing school work may appear for the first time. Observe each child closely for possible development of problems. Report any suspected problems to the supervisor or center director. Look for the following developmental problems:

CARING FOR SCHOOL-AGE CHILDREN	
School-age children are...	**Therefore, they need...**
Growing in uneven spurts	To learn about good nutrition for sound health
Still young	To feel a sense of security and belonging
Creative	Freedom to create without structure
Looking for rules	A structure or routine to follow
Self-conscious	Acceptance and understanding
Maturing at different rates	Adults who understand developmental differences
Adventurous	Challenge to hold their interests

⇨ *Table 20.1*

- **Overactive behavior** - The overactive child has more than the normal high level of energy during the school-age years. The truly overactive child moves without thought and purpose and is not successful in his or her activities.
- **Destructive behavior** - A child may fight, bully, lie, cheat, or demand attention in many ways. These behaviors may happen when a child has not had chances to develop appropriate behavior. However, it may also show that the child is under stress. A divorce in the family or some other problem may be stressing the child. In such cases, a child needs help to meet needs which result from the special problem.
- **Vision problems** - The child with a vision problem may tilt the head forward, hold books and toys close to the eyes, or squint or rub the eyes often. The child may complain of headaches or fuzzy vision.
- **Hearing problems** - The child with a hearing problem may not come when called by name. The child may not be surprised by or turn toward a loud or unusual sound.

◆ *Essential Questions:* ◆
Understanding School-age Children

1. How do the needs of preschool children and school-age children differ?
2. How do the needs of children in different age groups vary?
3. What are examples of developmental problems that caregivers of school-age children should be able to recognize?

GENERAL TRAITS OF SCHOOL-AGE CHILDREN

SIX-YEAR OLDS	• Take pride in beginning "real" school • Are growing slowly and steadily • Beginning to lose baby teeth • Like to run, jump, skip, hop, and climb • Prefer friends of the same sex • Change playmates often • Like make-believe and pretend play • Like jokes and rhymes • May experiment with "name-calling" and "bad" words • Are quick to complain when others "cheat"
SEVEN-YEAR OLDS	• Are generally quieter than at age six • Like to run errands and help others • Are interested in differences between the sexes and where babies come from • Are still growing slowly and steadily • Play in larger groups of children than at age six • Like to play in secret hideaways out of sight of adults • Think and talk about feelings • Are concerned about right and wrong and good and bad
EIGHT-YEAR OLDS	• Like real conversations with adults • Will test limits of adults • Are fearful of failing • Like games, such as jacks, that use small muscles or games that involve hitting a target • Like active sports, such as riding a bike and roller skating • Want real information about the world • Reflect their feelings that friends are very important
NINE-YEAR OLDS	• Increase their feelings that friends are very important • Like clubs • Budget time and work on long projects • Like crafts, sewing, knitting, working with tools • Like collections • Like organized games with clear rules • Like to read books and look at magazines • Have fears or worries

⇨ Table 20.2

TEN-YEAR OLDS	* Are happy and well-organized * Value privacy * Like to join clubs and form groups * Need a "best friend" * Want to be good in sports; teams are important * Can plan ahead for field trips and projects * Can see other points of view
ELEVEN-YEAR OLDS	* Feel that belonging to a group is very important * May be concerned about family, economic, or racial differences * May have temper outbursts as a result of emotional and body changes * Can be outspoken or rude at times * Girls begin to mature sexually (on the average, menstruation begins at 11-12 years of age) * Girls may begin to fall behind boys in physical strength and endurance
TWELVE-YEAR OLDS	* Are beginning a growth spurt * Physical and sexual changes are beginning for boys * May begin to show interest in the opposite sex * Have conflicts of feeling too old for some things and too young for others * Begin thinking more like adults * Want more independence; want to choose friends, clothes, TV shows

➪ *Table 20.2, cont'd.*

CREATING A POSITIVE ENVIRONMENT

For young children, being old enough to be in school is important. School-age children do not wish to attend a child care center if they see it as "a place for babies." They need a place that is planned especially to meet their needs.

Children get enough structure during the school day. In an extended-day program, the environment should be open and relaxed. Materials used should encourage decision making and goal setting. School-age children should be allowed to move, change, and rearrange indoor and outdoor spaces. They should be allowed to have "adventures." Projects, such as bug collections, ant farms, science experiments, or making Christmas craft items, help children work together towards goals. These children need to use challenging materials. Crossword puzzles, dominoes, and other games give them the chance for decision making.

In adventure play areas, school-age children can work together and talk about a wide range of subjects while planning and building. The adventure environment is created with wise use of staff/child ratio, grouping patterns, and space.

BEST COPY AVAILABLE

Staff/Child Ratios and Grouping Patterns

The minimum staff/child ratios required by state licensing agencies may be far from ideal. For example, the minimum staff/child ratio for children six years of age and older might be one caregiver for twenty-six children. However, it would be best to have more caregivers. Using community volunteers may be possible when more caregivers cannot be employed.

Grouping patterns are also important. Because of the number of children, most after-school programs will have multi-age groupings. Children may be grouped by their current interests. In such cases, caregivers should be sure to meet the developmental needs of both older and younger children in groups.

School-age children should usually not be grouped with preschoolers. The school-age program should be distinctly different. However, as school-age children show interest in assisting with or interacting with younger children, those interests should be encouraged.

Space

The minimum amount of indoor and outdoor space required per child is usually set by state licensing standards. The standard for school-age children is usually the same as for preschool children. Because after-school programs are fairly new in some states, specific standards may not have been set for them. It is important to remember that the minimum standard is seldom the ideal.

Learning space for a school-age child care program includes several important factors. When these factors are included, there is a greater chance for a successful program. These factors include a separate entrance area, a home base area, access to a kitchen, interesting activity areas, moveable furnishings, appropriate storage areas, and easy movement between the indoor and outdoor play areas.

◆ Essential Questions: ◆
Creating a Positive Environment

1. What is the importance of staff/child ratios, groupings, and space in meeting the needs of school-age children in child care?
2. Why must materials and supplies selected be versatile and movable?
3. What factors should be considered when designing space for a school-age program?

TEACHING STRATEGIES

Teaching strategies for after-school child care programs focus on emotional and social development more than cognitive development. This is because cognitive development is stressed during the school day. Physical activities in these programs allow children to relax after a structured day at school.

To plan teaching strategies for after-school programs, caregivers should think about what school-age children do at home. Where do they play? What are their favorite activities? What activities build positive interactions with peers and adults? What are their

favorite summer activities? Answers to these and other questions help caregivers select activities which meet needs of school-age children.

Sample teaching strategies are given in the following sections. They are divided into the categories of arts and crafts, creative drama, games, living things, music and movement, puppets, project boxes, and storytelling.

Arts and Crafts

School-age children like to use new and different art materials in a variety of ways. Caregivers can help children find and try a variety of art activities. Below are some ways to add interest and variety to painting.

- **Sidewalk art** - Fill a muffin tin with water. Add different food colors to each cup. With a brush, the children can paint a sidewalk. The next rain shower or a hose will easily wash away the food colors.
- **Sand painting** - Put white sand and tempera powder paint into paper bags and shake. Use this colored sand to make sand paintings. Have the children draw designs on heavy paper or cardboard. Then they should cover their drawings, one section at a time, with white glue. They should choose one color to sprinkle on the first section. Then they shake off any sand which does not stick to the glue. This procedure is repeated until all areas are covered with different colors.
- **Painting cookies** - Beat an egg yolk and 1/4 teaspoon water with a fork. Divide this mixture into two or three small cups. Add drops of food coloring. Use small, clean brushes to paint cookie dough cutouts. When baked, the cookies will be colorful and safe to eat.

Nature can be used to teach art in creative ways. Nature has color and design that inspires children's creativity. Sample art projects using materials found in nature are listed on the following page.

- **Weave with natural objects** - Make a weaving board with natural wool and cardboard. Wrap yarn around the cardboard to make a loom. Have the children find and weave in natural objects. These might include weeds, corn husks, twigs, and feathers.
- **Build natural sculptures** - Natural sculptures are easy and fun to make. Have the children collect small rocks, shells, twigs, leaves and pieces of driftwood. Provide glue they can use to build sculptures of all kinds, shapes, and sizes.
- **Make a collage** - Natural items, such as twigs, leaves, weeds, pebbles, seashells, and sand, make nice collages. Glue objects to cardboard or stick them into a flour dough background.

Creative Drama

Creative drama is not putting on a play for an audience. It is putting ideas and feelings into physical actions. Creative drama is done to help children understand and explore events and feelings using few or no words.

Creative drama allows children to try out different ways of feeling, moving, and acting without being inhibited. Creative drama encourages and rewards imagination and feeling. These are qualities which adults often neglect in favor of mental achievements.

Creative drama is cooperative, not competitive. Children work together for a successful outcome. Some suggestions for successful creative drama experiences include the following:

- **Warm up first** - Begin with a short warm-up time using stretching and relaxation games. The children can pretend to be melting ice cream cones. They slowly sink to the floor and lie there in a quiet puddle. Or they can be sleeping giants who wake up and stretch without making a sound.
- **Use a signal for a change of pace** - Use a signal such as a loud bang on a drum or tambourine. Expect the children to freeze and wait for directions when they hear that sound. This makes it easier to change the pace.
- **Allow children to express themselves individually** - Tell a story or read a poem while the children go through the actions suggested, each in his or her own way. Ask them to pretend they are puppets. They can act out common activities such as brushing teeth, putting on shoes, or eating an ice cream cone. Have children act out their feelings.

Games

Games should stress cooperation, not competition. Games of competition single out winners and make comparisons. Winning may depend upon size, speed, knowledge, or strength. Comparisons are often based on qualities over which the child has no control. Cooperation games encourage children to work together for a successful result and to have fun.

School-age children take winning and losing very seriously. They base their feelings of success upon being compared with others. They want to know who is best at throwing a ball, running, or jumping. Caregivers can show children games and fun ways to play that call for cooperation instead of competition. Such games show children how to share and get along better. These games make each child partly responsible for a successful outcome. When there are no losers or losing sides, children can play with no fear of failure. This frees them to enjoy themselves. Children should be allowed the choice of not playing games.

Become familiar with a variety of games and activities that children can do with few props or equipment. Such games are useful at the end of a long day, between activities, or on the bus when returning from a field trip.

Caregivers will find that many of the simple, old-fashioned games they used to play are still popular with school-age children. Some of these are described below:

- **Gossip** - Have a group of ten to twelve children sit in a circle. One child is picked to whisper a secret into the ear of the child sitting to the left. The secret is passed around the circle in this manner. The last child to receive the secret says it aloud. Usually the twisted words and meaning of the original secret will make everyone laugh.
- **Secret languages** - Secret languages can be fun but simple, such as, "Dack dand Dill dent dup dee dill." Saying words backwards is also great fun for school-age children. "Banana" becomes "an-an-ab." Children may also want to develop their own code languages.
- **Twenty questions** - Whoever is "it" picks an item that is within the area. Other children get clues by asking questions that require yes or no answers. Whoever guesses the object becomes "it." If no one has guessed the object by the time twenty questions have been asked, the person being questioned names the object and gets another turn. At first, children will guess wildly. The caregiver can show them how to ask questions which give clues, such as

the following: Is it an animal? a vegetable? a mineral? Is it large? Does it move?

- **Muk (an Eskimo laughing game)** - "Muk" means silence. The players sit in a circle. One is in the middle and points to another. That child says "Muk" and remains silent, without laughing. The player in the middle makes faces and funny movements to "break the muk." The player who laughs gets a funny name and goes to the middle.

Children want to play games that test and improve their thinking and physical skills. They like to learn the rules and skills for a variety of games. They expect caregivers to enforce the rules. Some of the structured games that school-age children enjoy include the following:

- **Quiet games** - Quiet games that require control of small muscles include jacks, marbles, pick-up sticks, and tiddley winks.
- **Games of strategy** - Checkers and chess are examples of games of strategy.
- **Card games** - School-age children enjoy games like Concentration, Go Fish, and Crazy Eights.
- **Active games** - Kickball, soccer, hopscotch, and foursquare are games enjoyed by school-age children.

Caregivers should introduce new games and activities from time to time. In general, these should be games with a minimum of structure, rules, and competition. Appropriate children's games provide enjoyment and success. Children feel defeated by activities which are too difficult. They do not get satisfaction from those that are too easy.

Living Things

Both plants and animals add interest and beauty to the child care center. Teaching care of living things helps children learn responsibility. Plants must be watered weekly, and animals must be fed daily. Watching the growth of plants and animals can teach children about the life cycles of living things. The child care center may be the only place some children have direct contact with animals. If allowed in the center, small tame animals allow children to learn to care for other living beings. While caring for animals, children can learn to be humane and gentle. Below are some ways to make the center environment more alive with animals.

- **Fish** - Goldfish, tropical fish, and snails are fun to feed and watch. School-age children can share in all of the tasks of changing water and cleaning aquariums.
- **Small animals** - If permitted, guinea pigs, gerbils, rabbits, and hamsters make good pets.

- **Fenced animal area** - An area in the play yard can be fenced off for small animals. It can also be a place to temporarily keep visiting animals.
- **Visiting animals** - Sometimes, visitors are willing to bring pets and animals for short visits. Parents, humane society workers, or zoo keepers may be willing to share their time and animals with children. A child might be allowed to bring a pet on special days, such as a birthday.
- **Field trips** - Another way to permit children to have experiences with animals is to take short field trips. Plan to visit working farms, stables, and zoos. Some zoos have children areas designed so children can be near and touch animals. Be sure these trips are prearranged so the parents are notified ahead of time.

Music and Movement

Music that is fun for all belongs in the school-age child care program. A collection of tapes and records will allow the children to pick and choose a variety of music. Children may choose to listen to radio stations that

play appropriate music. Parents, students, and local musicians might be willing to share music or skills with children. Caregivers should consider taking children to concerts and musical programs whenever possible.

Avoid using music for background. After a while children will "tune out" the sounds. Some guidelines for including music in the school-age program may include the following.

- **Make and use musical instruments** - School-age children can make and use many simple musical instruments. Sand blocks, rhythm sticks, drums, tambourines, and shakers are some examples.
- **Have sing-alongs regularly** - Pick the songs the children know and especially those that have actions. Find out what songs they have learned at home, school, and camp. School-age children like a wide range of songs, including those with funny or tongue-twisting words. An autoharp is an instrument which is easy for caregivers who do not play another musical instrument to play.
- **Encourage musicals** - School-age children can have fun writing, rehearsing, and staging a musical. Caregivers should remember that the preparation is more fun and more important than a perfect production. Children can write an original story to include songs they already know.

Caregivers should choose some activities that follow definite patterns for moving, such as folk dancing, rope jumping, and clapping games. Also include activities in which children feel free to invent their own movements.

Movement activities are good because children must concentrate on how to use and move their bodies. These activities help them learn about their bodies, minds, and feelings. Actually, movement and creative drama have much in common. There should be lots of drama in movement and lots of movement in drama.

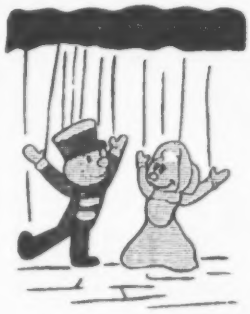
Sound is important for most movement activities. Rhythms for moving may come from snapping fingers, clapping hands, or tapping feet. Caregivers and children can use tambourines, drums, pianos, guitars, or autoharps. Records and tapes can allow many choices for setting a variety of tempos or moods. Below are some suggestions for encouraging creative movement.

- **Help the children get ready to move** - A short period to relax and develop concentration is needed before beginning. For example, have each child find a spot on the floor and pretend they are puppets. Each child relaxes and waits for motions from the caregiver before moving. The caregiver pulls an imaginary string to lift an arm, a head, or a leg. The creative caregiver can find or make up a variety of warm-up games.
- **Provide different ideas to suggest movements** - The caregiver might make a suggestion like, "Catch that mosquito flying around you." (pause) "He's on your shoulder." (pause) "He's on your left toe." (pause) "He's on your right ear." Or have the children blow "pretend bubbles" and catch them. Have children pretend to be cats chasing mice. The children can help dream up new suggestions.
- **Add props for fun** - Use feathers, balloons, scarves, hoops, or balls for music and movement activities. Let the children see how long they can keep feathers in the air by blowing on them. Put on a record and ask children to hit balloons while keeping the beat of the music. Play some dramatic music and let children add props to the dances they invent.

Puppets

Making and using puppets is fun. Puppets also give children an opportunity to be creative and learn different things. Children can make a wide variety of puppets with just a few suggestions from books or caregivers. Puppets can be made from paper lunch sacks. These can be simple or elaborate. They can be decorated with crayons, marking pens, colored paper, yarn, or fabric. Children can make their own hand puppets from felt or a variety of fabrics. Some other types of puppets are included in the following list:

- **Tissue puppets** - Tissue puppets are quick and simple for school-age children to make. Begin with about four cotton balls and a wad of tissues. Wrap a tissue around this "ball." Use a rubber band to form a head and hold the outer tissue in place. Draw eyes, nose, and mouth with a felt-tip pen.
- **Finger puppets** - Children can make small puppets for one or all fingers. Use construction paper to make cylinders or cones. Decorate with felt-tip pens, yarn, or paint. Use cardboard tubes to make the base for animal or people puppets.
- **Sock puppets** - Slip a sock over a hand. Put the thumb in the heel and the fingers in the toe to form the puppet's mouth. Decide where to sew or glue eyes, nose, mouth, or hair. Decorate with felt, buttons, or yarn.



After making puppets, most children will want to perform with them. This may be a simple, informal fun time with no need for a stage or props. Children like to hide behind a shelf, an overturned table, or curtains draped over a broomstick. School-age children enjoy making puppet theaters from cardboard boxes. Caregivers, parents, or volunteers can make sturdier, longer-lasting puppet stages from appliance boxes or furniture crates.

Project Boxes

Project boxes can be a help to caregivers on days when children say, "We don't know what to do today." Boxes should be prepared in advance and labeled according to their contents. The boxes give children fresh supplies and materials and suggest a theme for their use. The caregiver replenishes the box and stores it when the children finish. Project boxes are more interesting when they include materials or ideas that are somewhat out of the ordinary. Below are some suggestions for project boxes.

- **Sign kit box** - Cut words with large print from magazines and newspapers. Get a set of rubber letter stamps, an ink pad, and a set of letter stencils. Include a supply of surplus cardboard. The directions for this box can ask children to make signs that are needed around the center or make up funny slogans.
- **Make and shape it box** - Put together a recipe and the ingredients for play dough. Following the recipe and making the play dough may be more fun for school-age children than actually shaping things out of dough. They can donate unused play dough to the preschool program.
- **Costume box** - Gather all kinds of paper bags, large fabric scraps, marking pens, yarn, tape, and scrap laces, buttons, and trims. Write a few simple directions, such as the following: "You are to make a shirt, dress, pants, or some article of clothing that tells how you feel, shows your favorite colors, or tells what you want to be when you grow up. After you have finished your costume, show it to and talk about it with your friends."

Storytelling

The caregiver of school-age children will want to learn or make up stories to tell the children. After setting the pattern of

storytelling, children should be encouraged to tell stories. The caregiver may start a story and let the children finish it. Small groups can take turns telling a familiar story or one they make up as they go along.

Teaching Strategies

Many other excellent teaching strategies can be used. Below are a few additional suggestions. The creative caregiver will develop a wide range of strategies, adding new ones from day to day.

- **Share the pleasure of books** - Choose books for the children's relaxation and enjoyment.
- **Encourage collections** - Expect collections of bird's nests, shells, rocks, baseball cards, toys, stamps, and insects.
- **Use daily events to casually introduce information** - For example, when a child is moving away, locate the child's new home on a map. Ask questions, such as the following: How long will it take to travel there? What are all the ways of getting there? How long does each way take? What will it be like there? How do we find out?
- **Set up simple experiments** - For example, show how evaporation works. Use a saucer, a glass, and a narrow-mouthed bottle. Put equal amounts of water in each container. From which container does the water evaporate first? Where did the water go?
- **Use simple items to spark interest** - Some items for school-age children might include the following: prisms, magnets, yardsticks, tape measures, rulers, thermometers, scales, kaleidoscopes, batteries, flashlights, stethoscopes, timers, pulleys, gears, clocks, measuring spoons and cups, pint and quart containers, calendars, maps, globes, and magnifying glasses.
- **Plant growing things** - Sprout seeds in a jar, plant mini-gardens, and try experiments. For example, compare what happens to identical plants grown in the light and in the dark.
- **Take field trips** - Take children to visit cabinet shops, furniture factories, lumber mills, hardware stores, state parks, building sites, or other places of interest in the community.
- **Plan projects related to food preparation** - Have children plan picnics and cookouts. They can prepare some or all of the food. For example, one group could make homemade ice cream. Help children learn new words related to food preparation methods and equipment. Encourage recipe projects, such as making a cookbook of favorite recipes.
- **Plan a center publication** - Encourage those who like to write and draw to work on the publication. Let them plan and publish a center newspaper or magazine. Suggest a variety of features. These might include a "just-for-fun section" with jokes and cartoons, news of children who are moving, and stories about the "helper of the week."

- **Make model scenes** - Encourage children to make models of areas with which they are familiar. For example, after a field trip of the neighborhood around the center, let the children have small boxes, cardboard, and colored construction paper. On a table or large board, they can construct a model, including buildings, roads, parks, and main landmarks.
- **Plan problem solving activities** - Two creative ways to solve problems are brainstorming and changing things. To ***brainstorm***, one person or a group lists all ideas as fast as possible. All ideas are accepted equally with no judgement. After a list is

made, the caregiver and the children can decide which ideas they like most or which will work best. For example, a decision about where to have a picnic could be made by brainstorming. This involves thinking of changes, large or small, which would improve a familiar object or event. Have fun getting the children to talk and think about changing things. Ask the children to list or draw changes for an activity area, a reading corner, or private spaces.

- **Allow time for homework as possible** - Some centers may have completion of school homework as one of their major goals. Other centers will discourage spending the time immediately after school for homework.
- **Allow TV viewing infrequently (if at all)** - Watching TV is a passive experience. When children watch TV they are not using their own creative abilities. Caregivers may choose specific educational programs for children to watch. While in center care, children should usually not be allowed to watch favorite TV serials.
- **Encourage computer use (if available)** - For some children, this may be their only opportunity to develop computer skills. A wide variety of games, books, and stories are available on the computer. It is important that children balance their time with use of the computer with other activities. Children need a variety of activities.

◆ ***Essential Questions:*** ◆
Teaching Strategies

1. What should be the focus of teaching strategies for after-school child care programs?
2. What type of games should be provided for school-age children?
3. What are five activities you think a school-age child would enjoy?

SUMMER PROGRAMS FOR SCHOOL-AGE CHILDREN

When school is in session, school-age children spend few hours in the child care center. Before school there is not time and most children are not awake enough for a full, active program. Some children may need breakfast while others may finish homework. Some of them will be full of energy and want to play. After school, there is only time for short projects before parents arrive to take their children home. Limited time is available for trips away from the center.

Summer child care offers opportunities not possible when school is in session since time is limited before and after school. Some of the opportunities of summer school-age child care include the following:

- **Opportunities to organize a full day's activities** - The summer months allow for a more relaxed, slower-paced program for children.
- **Opportunities for long-range projects** - Summer allows for projects that spread over a number of days or weeks. For example, over the course of a summer, children can plant seeds in the garden, water the seeds, harvest the produce, and follow up with a cooking project. Weeks may be spent building a clubhouse, making and hanging curtains, building furniture, and then playing in the completed structure.
- **Opportunities for swimming and field trips** In the summer, more time is available for swimming, picnics, and field trips. The weather also allows for these outings.
- **Opportunities for developing special talents and skills** - Summer is an ideal time for children to take special training in music, dance, drama, and sports. Many parents are willing to pay an extra fee for these opportunities. Children may also use the summer months to learn more about computers.

- **Opportunities to learn real adult skills** - Centers often hire young college students with special skills during the summer. These young adults often are eager to share what they know with school-age children. These skills may include identifying plants, learning macramé, or learning minor bike repair.
- **Opportunities to slow down** - Summer programs are often more relaxed and slower paced. Fewer children may attend the center during the summer. This allows for more free time and friendship between children and caregivers.

Summer activities should be fun, stimulating, and relatively stress-free. It is important to refer to licensing standards when planning field trips and water activities.

◆ ***Essential Questions:*** ◆
Summer Programs for School-Age Children

1. How should after-school and summer programs differ?
2. What special opportunities are available during summer programs?

GUIDANCE OF SCHOOL-AGE CHILDREN

School-age children need help in meeting their social and emotional needs. They need to know that adults care about and will listen to what they have to say. They trust that caregivers will be fair and will apply rules and limits consistently. School age children should be allowed to make choices whenever possible. Caregivers of these children need patience, cheerfulness, appreciation of school-age humor, and imagination.

The same general principles of guidance that apply to younger children also apply to school-age children. However, caregivers must apply guidance principles to fit the developmental levels of children. Specific guidance concepts for school-age children are listed in Figure 20.1.

Older school-age children are challenged by long, involved projects and activities that have a real-life purpose. Unlike their younger friends, they are not as interested in make-believe. Older children like to make signs for the center, such as advertising an upcoming event. They like to help prepare the shopping list for the kitchen supply room. They enjoy helping with younger children in the center, such as reading to a group of five-year olds.

Older school-age children feel important when they can repair a leaky faucet, replace a flat on a bicycle, or fix a broken toy. They can sand rough wooden blocks, pound in loose nails, and glue and clamp broken items. They might even bring repair projects from home they can do at the center. Such projects give older children a chance to use their physical and mental skills. They become interested in different things as they learn new skills. Their self-confidence and self-respect also improve as new skills are learned.

Self-care Children

Self-care children are school-age children who are left at home without direct adult supervision before and after school or during the summer. These children are sometimes called ***latchkey children*** because children responsible for "self-care" often wear a house key tied around the neck. The number of self-care children in the United States is growing. Some experts say that a third of all six to twelve-year-old children care for themselves or are cared for by siblings during non-school

GUIDANCE OF SCHOOL-AGE CHILDREN

Be sensitive to children's needs:

- Remember the importance of the family.
- Know that some school-age children may resent child care.
- Make after-school time special.
- Develop trust and the right to disagree.
- Think about how it felt to be a school-age child.
- Don't expect all children to act their ages.
- Enjoy the challenge of individual differences.

Be supportive of the interests and growth of children:

- Be aware of their need to be accepted by the group.
- Offer them positive ways to use their curiosity.
- Recognize their sense of fair play.
- Help them accept their mistakes and recognize when something is too difficult.
- Give them time to explore.
- Set a good example.
- Expect a wide variety of personalities and physical differences.
- Make after-school care a place that is safe for expressing feelings.

Get children involved at their own pace:

- Offer a change of pace from structured school activities.
- Be sensitive to children's needs to do some things alone.
- Let children know that you recognize their abilities.
- Expect friendships to be important in play.
- Let children take an active part in meal and/or snack time.

Be creative in guiding the play of school-age children:

- Expect wishes, rhymes, and jokes.
- Expect monster stories and games with exact rules.
- Be prepared for and expect children to sometimes be bored.
- Create celebrations for fun and learning.
- Encourage role-playing to let children express their feelings and give them a chance to pretend.
- Encourage their love of drama through skits.
- Support their enthusiasm for joining clubs.
- Keep an eye on clubs that exclude other children.
- Expect planning of clubs to be more exciting than belonging.
- Involve community-based clubs in the program whenever possible.

Figure 20.1

hours. In some cases, children as young as kindergarten age care for themselves part of the day.

Some children seem to deal well with being in a "self-care" situation. For other children, many short and long-term problems are created. Some of the concerns about children in self-care include the following:

- loneliness
- fearfulness
- rejection
- alienation
- isolation
- idleness
- boredom
- injury
- increased risks of accidents
- possibility of being the victim of violence
- too much television viewing
- lack of motivation
- lack of supervision
- development of bad eating habits which lead to obesity
- development of relationship problems with siblings
- drug use

Most working parents worry about self-care for their children. However, for some working parents there are no other choices. They may not be able to locate good after-school child care. If available, the care may be too expensive, especially when several children are in the family. Other caregivers, such as aunts and grandmothers, may live elsewhere or work also. Nearby neighbors are likely to be employed outside the home as well.

Contact services for children in self-care are being developed throughout the country. Some of these are for-profit programs; others are run by volunteers as a community service. Some child care centers offer contact services for children. The telephone is the child's contact with the outside world in all of these programs.

Caregivers assigned to self-care contact services should be aware of the many concerns of these children. A warm, friendly, and understanding attitude is important when talking with self-care children. Sensitivity to the child's fears and needs can make a child feel more secure until a parent arrives home from work.

◆ *Essential Questions:* ◆
Guidance of School-age Children

1. What general principles of guidance apply to school-age children?
2. What traits are needed by caregivers of school-age children?
3. What are the major concerns for children in self-care?
4. Why are so many children caring for themselves?

Chapter Highlights

- ☆ During the years between age six and twelve, school-age children progress from dependent first graders to independent early adolescents. Their physical, emotional, social, and cognitive skills develop quickly during this time, which is also called middle childhood.
- ☆ Programs which provide care for school-age children before school, after school, during school holidays, and during school vacation times may be called school-age child care, after-school programs, extended-care programs, or extended-day programs.
- ☆ Each age group of children has different developmental needs. These needs must be met to insure appropriate developmental growth.
- ☆ Children should be watched for possible developmental problems, such as overactive behavior, destructive behavior, vision problems, and hearing problems.
- ☆ In an after-school program, the environment should be open and relaxed. Children should be encouraged to make decisions and set goals. Children should be allowed to have "adventures."
- ☆ A positive environment can be created through appropriate staff/child ratios, appropriate grouping of children, adequate space, and good use of available space.
- ☆ Teaching strategies for after-school child care programs focus on emotional and social development more than cognitive development. Categories of teaching strategies include arts and crafts, creative drama, games, living things, music and movement, puppets, project boxes, and storytelling.
- ☆ Due to longer hours at the child care center, summer child care programs offer opportunities that are not available before and after school.
- ☆ School-age children need help in meeting their needs. The same general principles of guidance that apply to younger children also apply to school-age children.
- ☆ Self-care children are school-age children who are left at home without direct adult supervision before and after school or during the summer. Many self-care children who care for themselves handle their situations well, but for others the situation can create short and long-term problems.

Chapter 21

Development of Children with Special Needs

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

4C Identify characteristics indicative of special needs or disabilities in children.

4D Explain influences on the physical, emotional, social, and intellectual development of children.

5B Identify stimulating developmentally appropriate learning environments.

5E Develop appropriate adaptations of curriculum for children, including those with special needs.

5F Describe methods of assessing developmental levels of children.

7E Propose developmentally appropriate practices that promote children's respect for diversity.

7H Determine appropriate techniques when guiding children, including those with special needs.

Chapter Vocabulary

assessment
behavior modification
children with special needs
communication disorder
disability
gifted/talented children
inclusion
learning disability
mainstreaming
multi-sensory training
prosthesis
speech impairment
task analysis

SPECIAL NEEDS

Children with conditions such as developmental disabilities, physical disabilities, emotional problems (behavioral problems), or giftedness are ***children with special needs***. Understanding these needs helps in caring for these children. A variety of professionals can help children with special needs. Caregivers should know the child care facility's policy for referring children to professionals. Caregivers must also know how to create a positive environment for children with special needs in their care.

Understanding Special Needs

Heredity and environment influence the special needs in children. Hereditary factors include the genetic history and make-up of a person. Environmental factors affect the fetus after conception or the child after birth.

Many environmental factors can create special needs in children. These factors include illness, poor nutrition, accidents, drugs, alcohol, and child abuse. For example, repeated middle ear infections, if untreated, can cause hearing loss. Such hearing loss can result in slow language development. Poor nutrition, especially a lack of protein, can cause permanent brain damage. Accidents with cars, poisonous substances, and unsafe surroundings often cause disabilities in children. Child abuse can lead to physical, as well as emotional disabilities.

Often the exact cause of a child's disability is unknown. Experts are learning more about the development of children with special needs. Some disabilities can now be prevented. Child caregivers can share helpful information with parents and others about the prevention of disabling conditions in children.

The Nature of Special Needs

A ***disability*** is any condition that prevents, delays, or interferes with a child's normal achievement and development. Developmental disabilities impair a child's cognitive functioning. Learning disabilities result in reasoning and perceptual problems. Sensory disabilities include hearing and vision problems. Physical disabilities include deformities and diseases of the spine, bones, muscles, and joints, as well as other health problems.

Other disabilities may be related to speech and language disorders. Behavioral problems include social and emotional adjustments. Giftedness refers to children with a greater than average ability to learn, reason, and create. Often this category is called "gifted and talented." Children with special needs are classified on the basis of the area of greater need. Each child has unique needs and cannot be described by these categories except in general terms.

Developmental Disabilities. Developmental disabilities involve cognitive functions which are much lower than average. Poor cognitive development usually prevents a person from functioning well in everyday life. Such deficiencies are obvious during a child's life.

Developmental disabilities are some of the most common causes of special needs in children. In the past, children with developmental disabilities were referred to as children with mental retardation. Children identified with developmental disabilities are grouped into four categories: mild, moderate, severe, and profound. Child care programs are most likely to include children with mild or moderate developmental disabilities. These

children may be slower than average in some areas of their development. They learn to use the toilet, feed themselves, or talk several months later than most children their age. In the classroom, the child with a developmental disability needs more time and more repetition to learn new tasks. Tasks should be broken down and presented in a step-by-step manner. Some goals for the care and education of children with developmental disabilities are as follows:

- expanding language skills
- increasing attention span
- learning self-help skills
- mastering basic concepts

Learning Disabilities. A ***learning disability*** involves a disorder in understanding or using spoken or written language. A child with a learning disability may be unable to listen, think, speak, spell, or do mathematical problems.

Learning disabilities are most obvious in the academic classroom settings. Therefore, children with learning disabilities may not be diagnosed until the elementary school years. Traits of learning disabilities in young children may include hyperactivity, impulsiveness, perception (recognition) problems, and poor memory. Each of these characteristics in some way makes learning difficult for children.

There are many theories about what causes learning disabilities. Causes may range from genetic defects to diet. Knowing the exact nature of each child's needs helps in caring for children. The following strategies are suggested for working with learning disabled children:

- task analysis
- multisensory training
- behavior modification

Task analysis involves breaking down a job into small steps. For example, teaching how to brush teeth may be broken down into holding a tube of toothpaste, unscrewing the cap, putting toothpaste on the brush, and other small steps involved. ***Multi-sensory training*** helps children learn through use of several senses at one time. An example might be guiding children outdoors to watch, listen, look, and hunt for various items which are described by the caregiver. ***Behavior modification*** is a method of changing a person's behavior through carefully planned consequences for specific behaviors. For example, behavior modification is often used to teach self-help skills, such as toileting or cleaning up after oneself. For each appropriate behavior of the child, the caregiver responds with praise, a reward, or some type of positive reinforcement.

Sensory Disabilities. Vision and hearing problems fall into the category of sensory disabilities. Loss or impaired use of a sense greatly affects a child's life. However, most of these children are intelligent. With good support and education, they can overcome their disabilities and live normal lives. Children with visual impairments have vision problems even after corrective measures have been taken. They may be partially sighted (have lost most or all vision) or may be blind. Some children who are legally blind tend to have a small amount of vision.

Children who are blind from birth or early infancy tend to progress slower in some areas. For example, poor vision makes it more difficult to understand object permanence

and gain locomotor skills. Children with visual impairments cannot gather as much information from their surroundings as sighted children. Therefore, their experiences are limited. Their development of concepts about the world may be slower. Professionals can teach children such skills as mobility, Braille reading, or use of visual aids.

Caregivers who work with visually impaired children can aid their development in the following ways:

- Organize an environment so that it is easy to move around.
- Help children develop other senses fully.
- Translate what others learn through vision into one of the other senses.
- Encourage children to make full use of any remaining vision.

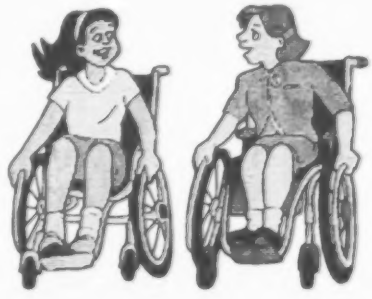
Children with hearing impairments may be classified according to degree of hearing loss. Children who are hard of hearing will not be able to hear soft sounds, such as a whisper. They may need to use a hearing aid. Children who are classified as deaf are not easily able to hear spoken language, but they may be able to hear sounds like thunder. These children need special training to learn communication skills.

Children who have hearing impairments have trouble with listening and speaking skills. Their needs differ depending on when the hearing loss occurred. During the first three or four years, children with normal hearing learn many language skills. Children who lose their hearing before learning to talk need special training to learn to speak.

Caregivers who work with children who have hearing impairments need to be aware of each child's individual needs. In general, caregivers may use strategies such as the following:

- Face the children when speaking to them.
- Use a natural tone of voice and avoid exaggerated lip movements.
- Encourage children to use as much of their remaining hearing as possible.
- Cooperate with each child's speech therapist. Learn how to speak for lip reading or master sign language. Be able to communicate with the child in his or her own way.

Physical Disabilities. Physical disabilities limit physical movement or result in chronic health problems. These conditions include deformities in the spine, muscles, joints, or bones. Missing or paralyzed limbs (arms or legs) also limit movement. Allergies, diabetes, epilepsy, and congenital heart defects are examples of chronic health problems that may affect children.



Since children learn through physical activity, physical limitations may affect other areas of development. The effect of the condition depends on the type of disability. A child with cerebral palsy, for example, may be unable to control muscle movement. This may make speech and small muscle coordination difficult.

Caregivers who care for children with physical disabilities need to learn about each child's special need. Some of the following guidelines may apply:

- Learn from the child's therapists how to properly position the child.
- Work with dietitians or specialists to follow the child's nutritional program.
- Arrange the environment to allow freedom of movement for the child. Remove the barriers.

- Know how to help the child with braces, a ***prosthesis*** (an artificial body part, such as artificial arm or leg), or other equipment.
- Check the child's equipment frequently to be sure it is working and fitting properly.
- Know first aid procedures for the child with epilepsy or other chronic health problems.
- Encourage the child to be actively involved with the group.
- Help the child learn self-help skills.

Communication Disorders. A child has a ***communication disorder*** when he or she is unable to speak or understand spoken language. The condition may also be referred to as a ***speech impairment***. Four categories of speech impairments are identified below.

- **Articulation disorders** - affect speech sound production
- **Fluency disorders** - affect the rate and rhythm of speech
- **Voice disorders** - affect the pitch, loudness, or quality of the voice
- **Language disorders** - affect the child's ability to express or understand word meanings or the correct order of the parts of speech in a sentence

Articulation disorders are the most common type of speech impairment. If a child distorts, substitutes, or omits speech sounds mastered by most children the same age, an articulation problem may exist. The most common disorder of speech fluency is stuttering. Remember that normal preschool children do have a lack of fluency in their speech. However, voice disorders are uncommon in young children. When they occur, they may be symptoms of a physical problem.

Children with language disorders have trouble expressing wants, being understood, and understanding others. Such language disorders may slow down a child's cognitive development.

Caregivers who care for children with communication disorders need to learn about each child's special needs. The following guidelines apply to children with speech impairments:

- Accept and reinforce all attempts by the child to use speech.
- Provide activities and objects to increase the child's vocabulary.
- Be a good speech model.
- Know where the child is in regard to learning language and help the child move to the next level.
- Be patient when listening. Give the child your full attention and plenty of time to speak.

Emotional/Behavioral Disorders. Children who have unusual behavior often or over a long period of time may have an emotional/behavioral disorder. Unusual behaviors are behaviors that are not appropriate for the child's age and cultural group. Experts have named many categories for behavioral disorders in children. The two major categories are hyperactive-aggressive and anxious-withdrawn.

The child who is hyperactive-aggressive may demonstrate the following characteristics:

- defiant toward adults
- inappropriate attention-seeking behavior
- inability to stay with a task or wait to be rewarded
- destruction of property
- solitary, disordered, and agitated play style
- need for frequent intervention from adults

The child who is anxious-withdrawn may demonstrate the following characteristics:

- shyness or watching from a distance
- ability to be easily frustrated
- lack of self-confidence
- fearfulness
- excessive dependence on adults and peer leaders
- tendency to be depressed

Any behavior of children who are hyperactive-aggressive or anxious-withdrawn may be seen in normally developing children. However, such behaviors or emotional states occur more frequently among children with these disorders.

Patience, self-confidence, and good child guidance techniques are very important for caregivers of children with emotional/behavioral disorders. Some of the following guidelines may be used:

- Plan and adjust surroundings to avoid encouraging inappropriate behavior.
- Learn to use effective guidance techniques for group management and for teaching appropriate behavior.
- Establish and consistently apply classroom or group rules.
- Learn as much as possible about the child's strengths, needs, and responses.

Gifted/Talented. Children who have been identified as being gifted or talented also have special needs. ***Gifted/talented children*** show a potential for high achievement. Their talents may be in intellectual, creative, academic, or leadership areas. Child caregivers often play a key role in identifying such children.

Today most educators agree that giftedness results from inherited traits and a stimulating environment. Gifted children are often advanced in several areas of development. They present a great challenge to child caregivers. These children need a stimulating environment planned for their special needs. Some of the following guidelines may be useful:

- Provide a rich and stimulating learning environment.
- Encourage interest the child shows in different areas. Serve as a resource person.
- Help children develop observation skills and reasoning abilities.
- Provide opportunities for the children to take leadership roles within the group.

Human development is complex. It is not surprising that some people develop special needs. The great variety of conditions can seem overwhelming. Child caregivers should relate to each child on an individual basis. Then, meeting a special need will not seem as important as meeting basic human needs, which are shared by all children.

◆ ***Essential Questions:*** ◆
Special Needs

1. Why are learning disabilities frequently not diagnosed until a child is in school? What symptoms of learning disabilities can caregivers look for in preschool children?
2. What characteristics might be displayed by a child who is hyperactive-aggressive? Who is anxious-withdrawn?
3. How would you define "gifted and talented?" What challenges do gifted and talented children present to the caregiver?

WORKING WITH CHILDREN WHO HAVE SPECIAL NEEDS

Caregivers play an important role in identifying and caring for children with special needs. Through training and experience, caregivers understand normal patterns of child growth and development. They understand the sequence and age level for developing skills. When a caregiver sees a major delay or problem in a child's development, the child is referred to a specialist, teacher, or other professional for assessment.

Remember that children develop at different rates and that the range of "normal" development is broad. However, early detection of developmental problems is important.

The sooner a child is referred, the sooner he or she can begin receiving help.

Screening and Assessment

Several screening methods should be used to identify special needs of children in a child care program. Regular observations by caregivers are important. Use of more formal screening instruments is also important. Parents must be fully informed of the screening program. The results of screening may lead to an assessment. Remember that a screening program does not give final answers about a child's problems. Such screening results also do not give the child a label of any kind. Deciding on a child's special needs is left to other professionals rather than child caregivers.

Referral for Assessment

The first step in the referral process is to schedule a meeting with the child's parents. The screening results are shared. Parents are given clear, concrete reasons why further assessment is recommended. Caregivers should not diagnose or tell the parents "something is wrong" with their child. A specialist, teacher, or the center director is responsible for explaining reasons for the assessment. These persons can either explain where to go for assessment or can offer to make needed arrangements for parents. Some assessment agencies require the child care program to complete a referral form. Parents must sign a release form which permits the child care center to release records concerning their child. The release should specify who may receive the information and what type of information may be released.

Roles of Special Needs Professionals

Assessment involves a detailed evaluation of a child's growth and development. Professionals determine the child's areas of strength and weakness and may be able to diagnose certain disabilities. Several professionals may participate in the assessment depending on the child's needs. A child care facility should keep an up-to-date list of all agencies and individuals who offer services to children with special needs and their parents.

Caregivers can assist children with special needs by giving them individualized care. Such care should be based on a professional assessment and recommendation. It is almost always best for children with special needs to be cared for with children who are not exceptional. Be careful not to put too much value on the label given to a child through assessment. The label is useful for gathering information about how a certain disability affects a child. This label helps identify methods for caring for the child. However, the label should not be the focus. If it is, children's special qualities and needs may be overlooked.

Mainstreaming

Mainstreaming is the care and education of children with special needs in a regular child care or school setting. There is a trend toward using the term ***inclusion*** for mainstreaming. There are changing attitudes toward children with disabilities, gifts, and talents. Numerous federal laws have encouraged a willingness to recognize and provide for needs of special children.

Inclusion promotes that children are more alike rather than different. This means that all children share the same general needs. Children need caring adults to provide love, security, safety, and a positive environment. They need good surroundings to stimulate and support their development. They need to

feel good about themselves and that they have some control over themselves and their surroundings. Caregivers create a positive atmosphere by helping children accept and value the individual differences in themselves and in others.

Encouraging Independence

Independent living is a major lifetime goal of children with disabilities. Caregivers may be tempted to perform tasks for children with disabilities but should avoid these temptations. Children with disabilities should be allowed to perform everyday tasks that they can do for themselves. This accomplishment builds self-confidence and gives a sense of independence to these children. Children can learn to care for their own needs through new and repeated experiences. However, caregivers should watch for situations when a child really needs help. Above all, caregivers should recognize each child's needs and accomplishments as unique to that individual child.

Appreciation of Individual Differences

Each child has special qualities which make him or her different from every other child. Caregivers should develop positive attitudes about individual differences in children. Such attitudes help caregivers serve as role models for the children in their care.

Caregivers should be aware of their own biases and feelings about children with disabilities or gifted children. If a caregiver has unpleasant feelings about caring for a child with certain special needs, he or she needs to face those feelings. The caregiver should examine the reasons for those feelings and look for ways to develop a more positive attitude. Many times, more information is all the caregiver needs. It helps to discuss such concerns with experienced caregivers of children with special needs. Working with children with special needs can also give a caregiver a new perspective. Learning to relate to each child as an individual is important.

Caregivers can help children develop positive attitudes and accept children with special needs. Caregivers can encourage and praise uniqueness, creativity, and variety. They can also point out individual differences in a positive or matter-of-fact manner.

A caregiver should prepare children for a child with special needs by openly discussing the special needs of the child. Awareness activities can be provided to explain the child's disability. A caregiver and the children can rearrange the room to meet the child's needs. If the child is in a wheelchair, spaces left between furnishings should be wide enough for the child to move freely around the room.

It is a good idea to have regular activities to teach children about various special needs. This can be done even when a child with special needs is only one part of a child's life. Children with or without disabilities can be good friends and enjoy playing together.

Encouraging Positive Interactions

There are many benefits when all children, with and without special needs, are educated and cared for together. Positive group interactions do not happen automatically. Caregivers must work to encourage positive group interactions. The strategies recommended here are important in any child care situation. They are necessary when children with special needs are involved.

- Arrange surroundings so that positive interactions are possible.
- Plan and follow a well-balanced daily schedule to allow time for positive interactions.

- Plan and provide learning experiences which will promote cooperation.
- Use incidental or naturally occurring events which happen to promote positive interactions.

Arranging the Environment

Rooms should be arranged so that children can move around freely and have easy access to all areas used. There should be a large open area for group activities and large muscle play. Several smaller areas should be planned for learning centers, small group activities, or private, quiet activities. Avoid rearranging rooms, especially when children have physical or visual disabilities.

There should be enough play equipment and materials so that children do not have to wait too long for their turns. Variety in equipment and materials is also important. With many interesting things to do, children will not always want to do the same thing. Avoid frustration by having different materials which suit different development levels.

Collaboration between professionals working with the child with special needs supports the development of a positive and developmentally appropriate environment.

Schedule Planning

The daily schedule may need to be more structured than usual for children with special needs. Much unstructured playtime may be difficult for such children. During a scheduled free choice time, limit the number of choices given. Spend a few minutes directing the child in a specific activity.

A well-balanced schedule should include carefully planned transition activities. Check on the child's status in terms of task completion. If needed, delay the transition or remind the child in advance that an activity period is ending.

Encouraging Cooperation

Promote positive interactions by providing materials and learning experiences which encourage cooperation. Such materials as blocks, dramatic play props, and table games encourage children to play together. Plan learning experiences that give children a chance to interact positively. For example, three children, one of them with special needs, are given ingredients to make a fruit salad for a cooking activity. One child is given fruit, another yogurt, and another nuts. The caregiver discusses with the children how they will work together to make the salad. The caregiver leaves the group so they can complete the task. In such activities, children learn that in order to reach a goal, everyone has to help and work together.

◆ Essential Questions: ◆
Working with Children Who Have Special Needs

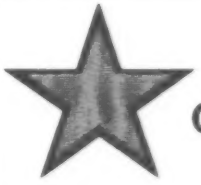
1. What is mainstreaming? Why is the term inclusion often used?
2. What strategies may a caregiver use for creating a positive mainstreamed environment?
3. What are four guidelines for caregivers working with children with disabilities?

Chapter Highlights

- ☆ Children with conditions such as developmental disabilities, physical disabilities, emotional or behavioral problems, or giftedness are children with special needs. Understanding these needs helps in caring for these children.
- ☆ A disability is any condition that prevents, delays, or interferes with a child's normal achievement and development. Categories of disabilities include developmental disabilities, learning disabilities, sensory disabilities, physical disabilities, communication disorders, and emotional/behavioral disorders.
- ☆ Children who have been identified as being gifted or talented also have special needs. These children need a stimulating environment planned for their special needs.
- ☆ Caregivers play an important role in identifying and caring for children with special needs.
- ☆ Several screening methods should be used to identify special needs of children in a child care program. Results of screening may lead to a referral for professional assessment. The sooner a child is referred, the sooner he or she can begin receiving help.
- ☆ Mainstreaming is the care and education of children with special needs in a regular child care or school setting. There is a trend toward using the term inclusion for mainstreaming.
- ☆ Caregivers create a positive atmosphere by helping children accept and value the individual differences in themselves and in others.
- ☆ In caring for children with special needs, rooms should be arranged so that children can move around freely and have easy access to all areas. The daily schedule may need to be more structured than usual. Materials and learning experiences should be provided to encourage cooperation.

Chapter 22

Child Guidance/Behavior and Group Management



Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

4B Determine developmental differences in children of various ages.

7A Determine developmentally appropriate practices that promote self-discipline.

7B Practice effective communication skills.

7D Set up guidelines for assisting children with routine activities.

7E Propose developmentally appropriate practices that promote children's respect for diversity.

7F Identify guidance strategies for promoting positive behavior in children.

7G Describe guidance strategies for dealing with children's problems.

7H Determine appropriate techniques when guiding children, including those with special needs.

8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Chapter Vocabulary

aggression
behavior
consistent
direct guidance
distraction
extinction
guidance
long-term memory
model
negative reinforcement
objective observation
perception
positive behavior
problem behavior
prosocial behaviors
redirection
reinforcement
short-term memory
time-out
verbal guidance

The term guidance means different things to different people. To some it means telling children what to do. To others it means punishment for inappropriate behavior. ***Guidance*** really involves ways of helping children learn to behave appropriately. Through guidance, children are taught to control their actions and to make decisions.

Guidance combines support, encouragement, and setting limits. Guidance encourages appropriate behavior and helps stop problem behavior. Over a longer time period, it promotes the development of self-confidence and self-control. Guidance is needed to keep children safe and healthy. It also helps children to like themselves and to get along well with others.

In deciding how to guide children, one must know how different developmental levels affect behavior. A caregiver should be able to analyze positive and problem behavior in children in order to identify guidance techniques which promote positive behavior.

INFLUENCES OF DEVELOPMENT ON BEHAVIOR

Behavior is made up of actions which start from thoughts and feelings. As children mature, their thoughts and feelings change. Children's actions also change as they develop in different areas.

Infants know about only part of their surroundings. They react to things without thought. If infants become angry, their only possible reaction is to cry. A four-year-old can react to anger by picking up a toy and throwing it. The preschooler can also think about possible results of such actions. These thoughts result in a decision about the behavior. As children's ranges of behavior widen, they are better able to control behavior. Helping children to develop control is one goal of caregivers.

Understanding child development helps a caregiver to guide behavior. Physical, emotional, social, and cognitive development influence guidance techniques that a caregiver can use.

Physical Development

Knowing the sequence of physical development helps caregivers know which behaviors to expect at different stages. A caregiver working with two-year olds should know that they are developing large motor skills. Knowing this fact helps in selecting the right toys and activities for children. Wooden stringing beads would not be a good choice for two-year olds since fine motor skills are needed. Use of toys and activities at the wrong times causes children to become frustrated. Frustration in children usually leads to negative behavior. Young children are learning to master and coordinate their movements. They are sometimes awkward and clumsy. Accidents will happen and frustration may develop. A caregiver's patience helps to control and prevent further problems.

Consider children's disabilities when selecting ways to guide them. Children with physical problems need help in adjusting to their special conditions. Each child with disabilities should be considered individually when choosing guidance methods.

Find out if there is a physical cause when children show behavior problems. For example, a child with hearing problems may appear to be stubborn. However, the child may simply not be hearing directions. Many physical problems and illnesses can cause problem behavior in young children. In such cases, a caregiver should deal with the cause of the problem.

Emotional and Social Development

Child guidance is greatly affected by four types of social development: egocentrism, prosocial behaviors, moral development, and self-concept. Each of these affects child behavior. Therefore, each also influences how caregivers choose to guide children. Good guidance methods can promote prosocial behavior, moral development, and development of self-concept in children.

Egocentrism. As discussed in Chapter Fourteen, young children are egocentric. This does not mean that they are selfish, but that they tend to see the world from their own viewpoint. For example, during nap time, Jacob goes to the bathroom door. Someone else is in the bathroom. Jacob bangs loudly on the door so the person inside will hear him. He is unaware that the noise will disturb the other sleeping children. A caregiver should help Jacob see a different viewpoint than his own. The caregiver might say, "Jacob, when you knock on the door loudly, it wakes the other children. Knock softly." This statement helps Jacob to learn respect for others. It is normal for children to go through an egocentric stage before learning to respect others.

Young children slowly learn to change their points of view. Having many social experiences teaches children about respect for others. Young children may appear rude because of egocentric views. A caregiver should not respond with rudeness when this happens. Children begin to consider the feelings and desires of others when they see that others value them.

Prosocial Behaviors. Cooperating, helping, respecting, comforting, and sharing are all ***prosocial behaviors***. Such actions help others without an expected reward. It seems that egocentric children would not be capable of prosocial behavior. Yet, even two-year olds can show concern for others. For example, Richie, a toddler, fell on the sidewalk and began crying. Rachel, another toddler in the group, came over and gently patted his knee asking, "Okay now?" As children mature, their improved mental ability helps them learn prosocial skills and they begin to see things from another point of view.

Moral Development. Moral development is a process of learning about "right" and "wrong." At first, children behave correctly because they fear punishment or expect a reward. Later, children learn to make decisions, such as giving up one thing to get another. Children become interested in winning the approval of others. Further stages occur as children mature.

It is wise to teach young children the possible results of their behaviors. Caregivers should train children to be fair and talk about what is "right" or "wrong." Moral development is mainly taught through the examples of others. There may be differences in what is "right" and "wrong" at home and in the child care center. Caregivers may have to deal with these differences.

Self-concept. A child's self-concept begins to develop in infancy. It is an important part of early development. Developing a healthy self-concept is greatly influenced by how people respond to a child. Self-concept, in turn, affects how a child behaves toward others.

How children are guided influences their behavior. Caregivers also show an opinion about children through the guidance methods they choose. An adult might stop a child from riding a tricycle into a sand pit by saying, "Don't you remember the rule? What's wrong with you today?" In this case, the adult shows a negative opinion of the child. A positive statement would have more effect on the child's behavior.

Healthy self-concepts develop when caring adults treat children in a positive way. It is better if guidance focuses on a child's behavior rather than on the child. A caregiver might say, "The children do not like it when you ride into the sand pit. That ruins their buildings. Ride your tricycle on the sidewalk." These types of statements guide the child in a positive way. Sometimes, negative statements will work in stopping negative behavior. However, it is best to use guidance which both stops the behavior and helps the child's self-concept.

Cognitive Development

Four areas of cognitive development have important effects on behavior: perception, self-control, memory, and language. Caregivers help children by providing a stimulating environment which encourages the development of skills and abilities. Although these areas are described separately, they are all interrelated.

Perception. Consider the children's perceptions in the following situation. Alma made a color-matching game from an egg carton for the four-year olds with whom she worked. The game worked well. The preschoolers sorted twelve colored circles into the matching slots in the egg carton. One day Alma was assigned to help the caregiver of the young toddlers. She took along the matching game. Right away, she saw that the toddlers were not able to sort the colors as well as the preschoolers had. The toddlers wanted to poke their fingers into the egg carton slots and put the circles in their mouths. Alma could see the differences in perception between the toddlers and preschoolers. She left the egg carton out for the toddlers to look at but put the circles away.

Perception involves how sensory information is detected and understood. The preschoolers in the previous example above could tell the difference between all twelve

colors and could sort them. The toddlers may have noticed the colors and the circles. However, they were not able to see that the colors in the carton matched the colored circles. They did not understand the concept of sorting and classifying things.

Be aware of children's perceptual abilities. The younger child's perceptions are more general than those of the older child. This is why a four-piece puzzle of complete objects is fun for toddlers. A twelve-piece puzzle with unusual divisions causes a young child frustration. The younger the child, the less able the child is to deal with details. Choose guidance methods which fit a child's level of perception.

Self-control. Self-control develops throughout early childhood. Self-control is seen when children are able to make decisions about their behavior. At first children depend on limits set by adults. They gradually learn to control their own behaviors. Young children are not consistent in their use of self-control. This trait is another reason that caregivers of young children must be very patient.

Children can only show self-control when they are able to make decisions. To teach self-control, caregivers must offer children chances to make choices. Besides making decisions, children can learn to stop behavior which they know is not allowed. For example, a five-year-old child said aloud to herself while painting, "The yellow brush goes in yellow. The red can't go in yellow." The child was using self-control in choosing not to mix the paints.

Young children are only able to follow simple, clear rules. The number of rules should be limited. Rules should be taught to children as they apply to a situation. Toddlers are not easily guided by rules. Infants, of course, do not have the ability to understand rules. Children can show self-control in many

ways besides those mentioned here. Remember that caregivers can expect some self-control from young children; however, caregivers should not expect self-control all of the time.

Memory. Parents and other caregivers sometimes do not realize how easily young children forget. In guiding behavior, caregivers need to understand how children's memory develops.

Both short-term and long-term memory are active in young children. ***Short-term memory*** stores information for a few minutes. Information that is used for longer time periods is held in ***long-term memory***. Information in the short-term memory is either lost (forgotten) or can be transferred into long-term memory. Young children easily forget because they cannot move information from short to long-term memory. The ability to classify information increases as children grow older. These abilities give them the skills needed to develop their memory capacity.

Children remember information better if it is given in small units, if they repeat or practice, and if their senses are involved. For example, a simple playdough recipe with flour, water, and salt is easier to remember than a recipe for cupcakes with more ingredients. After making playdough two or three times, children remember the ingredients and

how to mix them. While practicing, several senses are involved in making the playdough.

Language. Language is important to children's development. Language affects memory and self-control. As children learn to use language to label objects, their memory capacity improves. When children can express what they want to do, they control their own behavior better. Children's memory abilities and their extent of self-control influence which guidance methods work well.

How well children understand language is an important factor in child guidance. Use of words to guide behavior is called ***verbal guidance***. The words used should fit the developmental level of the child. It would be best to say something simple like, "Come down," if a toddler is climbing on a shelf. A longer statement such as, "We climb on the monkey bars when we are outside. We don't climb on the shelves when we are inside," might be understood by a five-year-old. With very young children, short sentences with simple words should be used.

◆ *Essential Questions:* ◆
Influences of Development on Behavior

1. How can understanding the sequence of physical development help a caregiver know what behaviors to expect in children?
2. What are four areas of social/emotional development that directly influence a child's behavior? How do each of these affect the type of guidance which a caregiver uses?
3. Since children easily forget information, how can caregivers help them develop their memories?

BEHAVIOR PHILOSOPHIES WHICH AFFECT GUIDANCE

What is considered appropriate and inappropriate behavior is different among different cultures, families, and caregivers. Caregivers should think about their own beliefs about positive and problem behaviors. Learning how parents and communities feel may also help caregivers to better understand children.

Caregiver Philosophies

Caregivers decide what is appropriate and inappropriate behavior because of their philosophies about behavior. These philosophies are gained gradually. Philosophies are formed as caregivers learn more about child development and work with children. Even personal childhood experiences have an impact on caregivers' philosophies.

Even unconscious personal beliefs about behavior affect a caregiver's choices of goals and actions. For instance, some people were reared in families where children were "seen,

not heard." This belief might cause someone to value a quiet room so much that self-expression and language development are discouraged. Caregivers should understand and think through decisions about behavior rather than making them automatically. The caregiver can then choose the values which are worthwhile and will provide good guidance. Knowing personal beliefs also helps a person to have actions and philosophies which agree. When this happens, caregivers are more confident. Children, in turn, know what to expect from them.

Some behaviors which are considered inappropriate sometimes may help a child to learn and grow. An argument between two children about whose turn it is to swing can be a growth experience. Allowing children to work out the argument can help them learn about compromises, sharing, and other social skills. If a physical fight or name-calling develops, direct caregiver guidance is needed. Disagreeing might be acceptable as long as children are not being harmed physically or emotionally. Unsafe, destructive behavior which harms the child, others, or property should be stopped or redirected.

Parent Philosophies

Parents' philosophies are very important influences on children's behavior. When parents' philosophies are different from teachers' philosophies, children may become confused. Being aware of children's home situations and their parents' values help caregivers to understand children's behavior and to know what behavior guidelines are realistic for the child care center.

Community Philosophies

A child care center exists within a community and serves people of the community. Therefore, community values about behavior must be considered. Usually, a center's board of directors or administrators set some policies about behavior. Such policies affect what behaviors must be encouraged by the caregivers who work in the child care center.

There are different definitions for positive and problem behavior. The beliefs and values of people involved, the age and development of the child, and the situation determine if certain behavior is a problem. This is why guidance is a process that requires careful observation and thoughtful decision making.

Child Care Center Philosophies

There are many different philosophies in the area of child guidance. A philosophy is a set of general principles or beliefs. These beliefs influence decisions about how to guide children's behavior.

Caregivers should learn about different child care philosophies. The most important philosophies are those followed by the center in which a caregiver works. Since the caregiver works for the center, this philosophy should always be followed. Caregivers must understand which philosophies are used in making child guidance decisions. This will cause decisions and actions to be consistent and well thought out, even when a quick response is needed.

The following are some of the principles or beliefs that may make up a good, positive child guidance philosophy:

- Each individual child is unique and has potential that can be developed.
- Children deserve respect from adults and from other children.
- Children need encouragement and support to build self-confidence.

- Children need freedom to express themselves but within limits that prevent them from hurting themselves and others.
- Children need to be given choices so they can learn to make decisions.
- Children must experience the results of their actions.
- Being positive works better in guiding behavior than being negative.
- Caregivers need to be flexible but consistent to help children grow in a changing world without being confused.
- Children need limits but not so many that their expression and development are harmed.
- Good communication is necessary between child and caregiver.
- The development of self-control in the child is the main goal of child guidance.
- Caregivers can always learn more about children and child care.

◆ *Essential Questions:* ◆
Behavior Philosophies Which Affect Guidance

1. How do caregiver values, parent values, and community values affect definitions of acceptable and unacceptable behaviors?

2. Why is it important for caregivers to understand and practice the philosophy of the child care center in which they work?

3. What are five principles or beliefs that make up a good positive child guidance philosophy?

THE NATURE OF POSITIVE AND PROBLEM BEHAVIOR

As children develop and interact with others, a variety of factors influence their behavior. Both positive and negative behaviors will result. Understanding both types of behaviors will aid caregivers in guiding children.

Positive Behavior

Children show ***positive behavior*** when they act in a way that is appropriate and acceptable. Adults often overlook children's positive behavior. Recognizing and encouraging positive behavior is a necessary part of guidance.

Positive behavior for each stage of development is different. Infants show many positive behaviors. They are active, noisy, sociable, and curious. Toddlers are learning to be independent. It is normal for them to be into everything as they explore the world around them. They also want to try to do things on their own without adult help. Even though this trait leads to messes and extra work for adults, the trait is a positive one for the toddler.

Preschoolers are full of energy and constantly active. They like new experiences and are developing a sense of humor which may seem "silly" sometimes. They are mastering language and love to communicate. The caregiver needs to have patience in guiding children at this age.

All behaviors have goals. Generally these goals are to fill physical or emotional needs. Children need to feel secure and loved. Furthermore, they need to feel that they belong to a group, while still being seen as individuals. Children need the stimulation of new experiences and a rich environment to develop and grow physically, socially, emotionally, and cognitively. If the needs are not fulfilled, problem behavior may result.

Problem Behavior

Problem behavior is behavior that is not appropriate at a given time, place, or situation. Problem behaviors may include hitting, biting, not minding, taking toys away from others, not sharing, pushing, destroying materials, and using bad language.

Aggression is any behavior which results in hurting another person or ruining property. Young children usually use aggression to reach a goal. For example, Bob hits Frankie in order to recover a toy. Bob intends to get the toy, not to hurt Frankie. Another type of aggression is when a child intends to hurt another person. In such a case, a child may use aggression to get revenge. Aggressive acts can be physical or verbal. Children may say abusive words which are intended to hurt others.

Most experts believe that aggression is learned. Children quickly discover that aggression pays off. At a child care center, some aggressive acts go unnoticed. When Bob hits Frankie and gets a toy, Bob learns that this method helps him get what he wants. In some ways, this is Bob's reward for using aggressive behavior. Bob will use this method again. Also, other children may have seen the encounter and may try to use aggressive behavior. Problem behavior may occur for many reasons including the following:

- The child may make a mistake in judgment while developing and learning to control behavior.
- The child may not understand the situation and what is expected.
- The child may be frustrated by something, such as having to wait too long between activities.
- The child may be ill.
- The child may be having disruptions in scheduling and family life.
- The child cannot or will not exercise the self-control necessary to behave properly.

Whatever the cause, the caregiver should respond to problem behavior, learn the cause, and give guidance. In some cases, children intend to behave badly. A child may decide to use negative behavior for some purpose or to fill a need. This may happen if positive behavior has not filled their needs. Children learn that with some caregivers, problem behavior gets more attention. Intentional problem behavior is generally aimed at one of the following:

- getting attention from others
- gaining control over other children or adults
- getting back at other children or adults
- gaining sympathy from others

One child's problem behavior can affect and upset a whole group of children. It also may threaten the safety and well-being of other children. Problem behavior may include being aggressive and causing physical harm to other children. It may also include ruining property, withdrawing from others, disrupting activities, or telling on other children.

◆ ***Essential Questions:*** ◆
The Nature of Positive and Problem Behavior

1. What types of positive behavior are common to infants, toddlers, and preschoolers?
2. Why might a child use problem behavior intentionally?
3. What is aggression? How does it develop?

PROMOTING POSITIVE BEHAVIOR

Caregivers should actively promote positive behaviors. Such behaviors improve the atmosphere and help prevent problems. Positive behaviors include prosocial skills, self-control, and ways of getting along with others. Many direct guidance strategies used by caregivers help to promote positive behavior in children. ***Direct guidance*** is used when a caregiver works directly with a child. Examples are leading a child by the hand, speaking to a child, listening, or modeling behavior.

To promote positive behavior, a few general guidelines should be followed. These guidelines include observing children at all times; being consistent; modeling positive behavior; communicating at the child's level; encouraging initiative, independence, and a sense of responsibility; and setting appropriate limits.

Observing Children at All Times

Observing children as they play helps prevent trouble. For example, Josie and Mary both want to play with the funnel. The caregiver notices and gets a second funnel. An argument is prevented due to good direct guidance from the caregiver.

Observing children also helps a caregiver decide when to get involved. Often children can solve their own problems if left alone. For example, John and Sandra both want to be the conductor on the train. The caregiver waits to see if the children can work out the conflict. Sandra says, "Let's have two conductors. You watch this side of the track. I'll watch the other." Sandra moves a chair beside John's chair and they continue to play. Usually the caregiver should get involved when children ask for help or when someone or something is about to be hurt.

Being Consistent

To be ***consistent*** means to always follow the same principles or practices. A child caregiver should give children the same freedoms and limits each day. When caregivers are consistent, children know what to expect. As a result, they will be more consistent in their behavior.

Actions should have the same results from day to day. If Patrick is sometimes allowed to grab toys from others, he is more likely to grab toys. If sharing is rewarded with enthusiasm, he will be less likely to take toys from others. Children learn self-control when group rules or limits are clearly and consistently enforced.

The caregiver should consistently give choices to children. When a caregiver is consistent, children will know there are choices. Children will learn to be consistent in their responses. If Julie is given the choice of joining a group activity, she will think she always has that choice. If Julie decides not to wear a coat or boots in the snow, a caregiver should firmly remind her that she does not have that choice.

Being consistent does not mean being mean or rigid. Children should be given enough control to develop their abilities and talents fully. Having too many rules limits creativity and restricts the development of independence and self-control. In rigid environments, children see that few behaviors are accepted. If a caregiver only likes predictable things, children may feel discouraged about "being themselves."

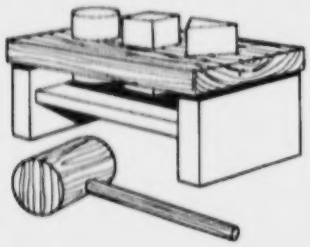
Being consistent also involves being fair. The same behavior in two children should be

handled the same way. Being consistent should stop problem behavior and replace it with positive behavior. Good behaviors of two children should also be equally recognized.

Modeling Positive Behaviors

Children learn both negative and positive behavior by watching others. Children must see positive behaviors before they can behave in a desirable way. When caregivers ***model*** (display) desirable behavior, children learn to follow the good examples provided for them. A caregiver who is helpful and cooperates is the best kind of model for children. When children are treated in a thoughtful way, they are more likely to value others.

Children are more likely to learn new skills if they see caregivers model. For example, if caregivers use good table manners, preschoolers are more likely to do so. Caregivers also model when they show children what they want them to do. While using a hammer, the caregiver might say, " Hold your hammer like this."



Another way to model is to identify prosocial behaviors when seen among children. For example, a caregiver might say, "Marco and Carol are working together to build a clay house. They are cooperating." Using this method, caregivers identify and reward positive behavior.

The type of language and tone of voice used with young children affects their language and actions. Children repeat words and phrases they hear often, using the same tone of voice. A calm, steady voice shows that the caregiver is sure and relaxed. Speak firmly, yet with friendliness. Use short, clear, meaningful sentences. Let children know that rules will be followed and enforced. A caregiver might say firmly, "It's time to go inside now." Using a quiet voice teaches children to speak quietly.

Use positive statements when giving directions. Tell children what to do instead of what not to do. One might say, "Zip up your coat and put on your cap. It's very cold outside." A caregiver might say, "Ride your bike on the sidewalk," rather than, "Don't ride in the rocks."

Clear statements tell children what is expected of them. A caregiver might say, "Remember our rule: Only one person talks at a time." Give only one direction at a time. One might say, "Put the doll in the bed." After this is done, the caregiver might say, "Put the blanket on her so she isn't cold." Children will respond better to a calm voice than to a high-pitched, excited voice.

Communicating at the Child's Level

Communication between caregiver and child is important to guidance. The caregiver must communicate clearly to children. Children need to express themselves clearly to adults. To communicate well with a child, the caregiver must get on the child's level, listen closely, and make eye contact. The caregiver must also empathize with the child.

Caregivers should kneel or sit on the floor so they are face-to-face with children. Try to see situations from a child's mental viewpoint. Young children do not yet understand many concepts; therefore, use of words and sentences the child will understand is needed.

Good listening requires paying close attention. Be supportive to children and use

body language to communicate. Smiling sincerely, touching the children, holding a hand, or patting a shoulder will show a caregiver is concerned about a child.

Avoid getting emotional or making judgments about what children say. When a child shares a problem, the caregiver should first show empathy. This shows that the caregiver understands how the child feels and that the feelings are okay. This should be done even when the child's behavior must be corrected. Empathy is often all the child needs to control the feelings and to change actions. A caregiver who is a good listener also shows the child how to be a good listener.

Caregivers can show children they are listening by repeating back what has been said. For example, Ophelia reports, "I fell off the end of the slide. My foot hurts." The caregiver responds, "You hurt yourself when you fell from the slide? Let me see your foot."

Listen for the real meaning of a child's words. For example, a child says, "Our new baby doesn't like me. He cries too much." The caregiver sees that the child has some strong feelings about the new baby. The caregiver might ask more questions such as, "You think the new baby doesn't like you. How do you feel when the baby cries?" This can help the child communicate feelings more clearly.

Encouraging Initiative, Independence, and Responsibility

Guidance is given to help children discipline themselves. To learn self-discipline, children must have chances to take initiative (try things) and accept responsibility. Children need to develop a feeling of independence. Children express this need when they say, "I can do it myself." If classroom learning centers allow children to make choices, self-control is promoted.

Most tasks which toddlers and young preschoolers can do alone can be done quicker and better by an adult. Help children develop independence and initiative by letting them do things on their own.

As children try things, they start to see results of their actions. Through this process, they learn responsibility. Help children have more successes than failures. However, if children "fail" once in awhile, they learn important lessons.

Responsibility is taught when children are expected to do tasks. They might put up toys, clean up the art area, and hang up coats and hats. These routines are part of the learning in a child care center. Explain to children the reasons for responsible behavior. One might say, "Kerry, you did a good job of cleaning off the table. Now it will be ready for Bert to use."

Setting Appropriate Limits

Setting limits for children helps to guide their behavior. When children are old enough to understand, limits can be stated as rules. Rules are made to protect health, property, and the rights of others.

Letting children make all decisions and set their own limits does not work well. Children think that no one cares enough to guide their behavior. They may lack a feeling of belonging. When there are no constant rules, children must test the limits in each situation. They may feel insecure as a result. This testing takes energy and attention that could be used in creativity. Children must be told what is expected of them. This helps them to develop self-control.

Having too many limits gives constant negative messages to children. Too many of these messages may harm children's self-concepts. If all decisions are made for children, they have no chance to learn to make decisions. They lack the self-confidence and security they need. Fair, consistent limits should be set. Secure surroundings allow enough freedom for children to learn to make decisions and develop self-control.

Allowing older children to help decide on rules for a group makes them want to follow rules. During a group circle time, the caregiver can talk about rules which make play more fun. Rules should be clearly stated. Children should understand the reasons for the rules chosen. A poster illustrating the rules can be made. The caregiver should carefully guide children in following the limits or rules that are chosen.

Encouraging Cooperation and Positive Interaction

Prosocial behaviors and self-control help children work with other members of the group. To get along with people, children also need to learn how to express feelings, cooperate with others, gain self-control, and resolve conflicts.

Helping Children Express Feelings. Allowing children to express feelings is an important part of direct guidance. Never tell children that their feelings are bad or wrong. Caregivers should help children find good ways to deal with and show their feelings.

Each day, young children have many different feelings or emotions. These feelings influence behavior. To help children understand and express feelings, point out feelings when they can be seen. If two children have not seen each other for awhile, a caregiver might say, "You two are very excited to see each other. Aren't you?" This gives the children words to express how they feel.

Children can also learn to identify feelings in others. At circle time, the caregiver might ask children how they think Rachel felt when she was sick for the past few days and how she felt when she came back today.

Helping Children Resolve Conflicts. Young children often have conflict with each other, with older children, and with adults. Conflicts usually happen when a child is frustrated. The child may want or need something from someone else but cannot get it. Sometimes two children may want the same toy. One child may want another child to be the "baby" in the home living center. Statements like, "I was here first," and "It's my turn to be the leader," show that young children want their share of the privileges.

It is hard for young children to not be egocentric when conflicts happen. Caregivers can encourage children to use the right ways to get what they want. Children also need to learn that sometimes they cannot get what they want. To do this, caregivers may use the following direct guidance methods:

- **Encourage use of words** – Help children use words to share their wishes. For example, when Shannon reaches for a car that Emilio is using, the caregiver might say, "Shannon, ask Emilio, 'May I play with the yellow car?' " If Emilio says no, the caregiver can help Shannon choose another car from the shelf.

- **Encourage compromise** – Caregivers can teach children about compromise. For example, when one child wants another to be the "baby" in the dramatic play center, the caregiver might say, "Marc, do you think Jesse would be the baby later if you were the baby first?"
- **Help the child see another point of view** – For example, a caregiver asks, "Paige, how do you think Toni feels when you jump in front of her to be first?"
- **Redirect the child's activity** – In ***redirection***, children are lead in a new activity related to their play at the time. For example, in the block center when a conflict happens over the use of toy people and cars, the caregiver might say, "Let's have all the people park their cars and go to work in this restaurant."
- **Distract the child's attention to a new activity** – ***Distraction*** leads the child in a different direction. For example, in the situation above, the caregiver might suggest that one of the children play in the woodworking center.
- **Give the child a choice** – The caregiver can also distract a child from a conflict or from negative behavior by giving choices. If a child wants to use a computer being used by another child, the caregiver could say, "You may paint or join us in a table game. Which would you like to do?" Only offer choices to children which will direct them to desired behavior.

◆ ***Essential Questions:*** ◆
Promoting Positive Behavior

1. What are four ways that child caregivers can influence and promote positive behavior?
2. How might a child caregiver effectively communicate with children?
3. What methods can be used to encourage self-control in children?

DEALING WITH PROBLEM BEHAVIOR

A general method of problem solving can usually be used to deal with problem behaviors. Steps for basic problem solving include the following:

- Identify the problem.
- Consider possible solutions and make a plan.
- Carry out the plan.
- Evaluate.

In the first step, the caregiver identifies the problem in a specific way: "What exactly is the child doing? How often does this behavior happen? Why is this behavior a problem? Am I expecting too much? What should the child do instead?" At this point, the caregiver might need to observe more closely. A caregiver might feel that four-year-old Janis is sucking her thumb too much. Janis sucks her thumb and watches the other children play during learning center time. She also sucks her thumb during circle time, story time, and nap time. The caregiver's real concern is that Janis is not active during learning center time because she sucks her thumb.

The second step involves thinking about possible solutions: "What can I do to decrease the behavior? What can I do to encourage better behaviors?" Caregivers should think about all the direct and indirect guidance methods they might use. In Janis' case, Janis could be involved in learning center activities which require use of her hands. In this way, Janis might be so busy with puzzles that she would not suck her thumb. Forbidding Janis to suck her thumb would only cause bad feelings and frustration. Instead, encouraging her activity in learning centers is needed.

Once a plan is made, the third step is to carry out the plan. While the plan is carried out, a caregiver must watch in order to evaluate the following: Did the plan work? Is there

less undesirable behavior? Did appropriate behaviors replace the undesirable behavior?

Caregivers may become discouraged after a few days when no change happens. Patience is needed. Changes in children's behavior take several days or weeks. Caregivers should not give up until the plan has been given a chance to work. If the plan does not work, the problem solving process is repeated and a new plan carried out. It took several weeks and much attention to involve Janis in learning centers. Eventually, Janis came to enjoy several different learning centers.

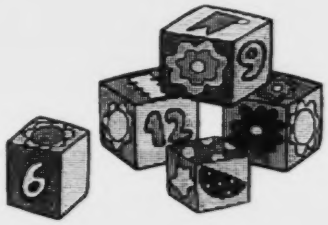
Observation of Behavior

The first step in dealing with problem behavior is ***objective observation***. This involves seeing what a child really does, rather than making judgments or giving personal opinions about the behavior. In some child care facilities, caregivers are asked to write down problem behavior observed in children. Such observations are useful in planning how to meet the children's needs and in viewing their progress. Observation involves more than just watching children at play. Good observations are objective. This means that the focus is on actual behaviors of the children. Consider the following observations of the same child:

Observation 1. Maria sure has a temper! She always wants to have her way.

Observation 2. Maria took a block from Jeff's pile. Jeff said, "I'm going to use that!" Maria said, "It's my turn now." Jeff grabbed the block back. Maria knocked down Jeff's block structure.

The first observation is subjective. It tells what the observer thought about Maria's behavior. The second observation is objective. It tells what happened, without any opinions. It is important to write facts and opinions separately. In this way, information can be



studied by more than one person. Then the behaviors can be interpreted more fairly.

No one staff member should make all of the decisions about a child's behavior problems. Such decisions are joint efforts between a teacher or director and other staff members. Such information should always be kept confidential. A teacher or the director of a center will discuss serious problems with parents. Table 22.1 shows an example of steps which caregivers might use to deal with problem behavior in children.

Suggested Strategies for Correcting Problem Behavior

Caregivers can use several different methods to control aggressive behaviors. Caregivers should first help children understand that aggressive behaviors are not allowed. Most of all, they need to watch children closely and step in before aggression occurs. Toys, games, books, films, and computer software which show aggression should be removed from a child care center.

It is important that adults respond to aggression in non-aggressive ways. When caregivers shake, yell at, or make fun of children, they model behaviors which are not desired in children. Sometimes, children may need to be punished or penalized. A child should be told that it is the behavior, not him or her that is being punished. The caregiver should explain to the child clearly why he or she is being punished. Correct behavior for the situation should also be explained.

DEALING WITH PROBLEM BEHAVIOR

- **Describe the problem behavior.**
  What happened?
  How often does it happen?
  When does it happen? (time of day; during, before, or after certain activities)
  How long has this been happening?
  How do you respond?
- **Analyze the behavior.**
  Why is it a problem?
  Why do you think the child does it?
  How should the child behave?
  Is the behavior normal for the child's age?
- **Consult the child's parents.** (teacher or director)
  Do they consider it a problem?
  Does the child behave this way at home?
  Why do they think the child does it?
  How do they feel the child should behave?
- **Analyze the child's surroundings.**
  Are the physical surroundings encouraging the problem behavior?
  Are the caregivers' guidance techniques encouraging the problem behavior?
  Are there problems with materials used or the schedule of activities? (proper amount and variety)
  Is there enough physical exercise?
  Does the child eat nutritious foods?
  What things does this child like or not like to do?
- **Analyze the child's development.**
  Could there be any developmental problems? (physical, social, emotional, or cognitive)
- **Examine possible ways to deal with the behavior.**
  What changes can be made in the child's surroundings?
  Could different guidance techniques help solve the problem?
  Is there a need for a professional diagnosis?
- **Decide on specific guidance techniques for managing the problem behavior.**

⇨ *Table 22.1*

Proper ways of guiding children include firm communication, extinction, and time-out. Methods chosen by caregivers depend on the type of aggression, the reason for the aggression, and the age and developmental level of the child.

Firm Communication. Aggression should never be ignored. Ignoring aggression tells children their behavior is accepted. Caregivers should say clearly that they understand a child's feelings. It should also be clear that the child may not harm others to express those feelings. A caregiver might say, "I know you want the astronaut puzzle, Eddie, but I can't let you push Charlie away. You may choose another puzzle to work until he is finished."

Extinction. Another method of working with aggression is to use ***extinction***. This means not rewarding aggressive behavior in order to prevent it in the future. It helps if the caregiver's attention is given to the victim of an aggressive act. To avoid rewarding Eddie, the caregiver should give attention to Charlie after correcting Eddie's behavior. If the caregiver corrects Eddie but lets him keep the puzzle, the aggressive act is rewarded.

Time-out. Acts of aggression can also be controlled by using time-out. In ***time-out***, the child is required to be by himself or herself for a short period of time (five minutes or less). The intent is not to embarrass the child but to stop the aggressive act. Time-out also gives the child time to think through his or her feelings. It shows the child that aggressive behavior is not allowed and provides a penalty.

Time-out is usually used after other attempts to change the child's aggressive behavior have failed. The inside time-out place should be a quiet, private place inside the classroom. A time-out place should also be selected on the playground for use when aggressive behavior happens outdoors. These places should be in full view of the caregiver. The caregiver must firmly explain, in a calm way, why the behavior is not allowed. During time-out, the child should be watched but not given special attention or fun things to do. After the time-out period, the caregiver should explain again the reason for the time-out and help the child rejoin the group.

The reason for the time-out must be specific. Time-out is not the best penalty for general behaviors, such as being hateful or uncooperative. If the child does several aggressive things, the caregiver should list specific behaviors. For example, if the child hits, bites, and destroys another child's painting, the caregiver should name those behaviors. The reasons must be clearly and calmly stated to the child.

◆ ***Essential Questions:*** ◆
Dealing with Problem Behavior

1. Why is objective observation important in dealing with a behavior problem?
2. How would each of the following be used: firm communication, extinction, and time-out?
3. Why would one method of dealing with problem behavior be better in one situation, while another might work better in a different situation?

USE OF POSITIVE AND NEGATIVE REINFORCEMENT

Very aggressive behaviors usually get a caregiver's attention. Caregivers should also attend to other problem behaviors in children. Behaviors such as whining, thumb sucking, too much talking, and temper tantrums do not disrupt a group. However, these behaviors deserve individual attention from caregivers.

Reinforcement is any action, attitude, or fact which causes a behavior to become stronger or to happen more often. Experts have learned that if behaviors are not reinforced, they usually disappear. Behavior can be reinforced verbally or nonverbally. If more attention is paid to bad behavior than to good behavior, bad behavior is reinforced. The two types of reinforcement are positive reinforcement and negative reinforcement.

Rewarding or reinforcing positive behavior works better in guiding children than simply punishing problem behavior. In fact, punishment may become negative reinforcement. This happens if a child learns that a caregiver pays attention to bad behavior instead of good behavior. Punishment may be

the attention a child tries to get. Some children may want any type of attention so much that they will continue bad behavior to get it.

Positive reinforcement should be given when children do something acceptable. Getting a good response from someone causes a behavior to be repeated. If children ask for what they want instead of grabbing or hitting, a caregiver should reinforce the behavior with a smile or a word of praise.

Negative reinforcement is used when caregivers notice or reward bad behavior. For example, after being toilet trained, a child began to have frequent accidents. The child got more attention from having an accident than by staying dry. Adults were reinforcing negative behavior with attention. Whenever possible, caregivers may choose to ignore negative behavior. However, they should not ignore behavior that is harmful to others. The adult must protect the child, property, and other children.

◆ ***Essential Questions:*** ◆
Use of Positive and Negative Reinforcement

1. What is reinforcement?

2. What is the difference between positive and negative reinforcement?

Chapter Highlights

- ☆ Guidance involves more than telling children what to do or punishing them for inappropriate behavior. Guidance involves ways of helping children to behave well, teaching them how to control their own actions, and helping them make their own decisions.
- ☆ Physical, cognitive, emotional, and social development influence guidance techniques that a caregiver can use. Understanding child development helps a caregiver to guide behavior.
- ☆ Different philosophies of behavior affect guidance which children receive. The beliefs of parents, other caregivers, the community, and the administrators of child care centers influence guidance greatly.
- ☆ Children show positive behavior when they act in an appropriate and acceptable way in a given situation. Positive behavior is different for each stage of development. Recognizing and encouraging positive behavior is a very important guidance technique.
- ☆ Problem behavior is behavior that is inappropriate at a given time, place, and situation. Problem behaviors may include hitting, biting, not minding, taking toys away from others, not sharing, pushing, destroying materials, and using bad language.
- ☆ General guidance guidelines to promote positive behavior include the following: observe children at all times; be consistent; model positive behavior; communicate at the child's level; encourage initiative, independence, and responsibility; and set appropriate limits.
- ☆ To get along with others, children need to learn the appropriate ways to express feelings and resolve conflicts.
- ☆ The first step in dealing with problem behavior is objective observation. This involves seeing what a child really does rather than making judgements or giving personal opinions about the behavior.
- ☆ To control aggressive behaviors, caregivers should first help children understand that aggressive behaviors are not allowed. Proper guidance methods include the use of extinction, time-out, and firm communication.
- ☆ Two types of reinforcement, negative reinforcement and positive reinforcement, are used to promote prosocial behavior and to eliminate undesirable behavior.

Chapter 23

Curriculum Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 4B Determine developmental differences in children of various ages.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 5F Describe methods of assessing developmental levels of children.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 9A Identify needs and opportunities for parental involvement in the child care setting.

Chapter Vocabulary

behavioral objectives
curriculum goals
developmental checklist
instructional strategies
integrated curriculum
program model
unit plan

Child care curriculum includes all activities that promote the physical, emotional, social, and cognitive development of children. The director or curriculum coordinator is the leader for development of curriculum. Curriculum is based on program goals and objectives. Play provides the basis for learning activities.

Daily schedules, the health and safety program, and managing materials and supplies are important to curriculum management. In order to develop and implement a quality curriculum, evaluation of progress is important.

PROGRAM CHARACTERISTICS

Planning a child care curriculum begins with an awareness of the types of child care programs. These programs (discussed in Chapter One) are listed by funding source in Figure 23.1.

Sometimes directors may not be involved in the planning of a new child care program. However, knowing the types of programs is important for curriculum planning. This knowledge can help directors improve their programs, as well as make referrals to parents who need different types of child care services.

Several factors affect child care curriculum planning. Decisions must be made in regard to meeting requirements for licensing standards, grouping patterns, services to be offered, and center philosophy.

The way in which children are grouped is an important child care program decision. Children may be grouped by age. Child development research shows the relationship between age and developmental stage. Many administrators feel planning is easier when children in a group are at a similar developmental level. Others feel that multi-age groupings offer more advantages for the development of children. For example, older children better understand when they share knowledge with younger children. Younger children benefit by modeling the behaviors of older children.

Program planners should consider the advantages and disadvantages of each type of grouping based on program goals. Curriculum is affected by the grouping pattern chosen.

Services Offered

Child care programs differ according to services offered. Many programs offer preschool care (for three to five-year olds). Comprehensive programs may offer infant, toddler, preschool, and after-school care. They may also offer other extra services. Some services offered in child care programs are as follows:

- infant care
- toddler care
- preschool care
- extended day (after-school) care
- evening or weekend care
- school-age programs
- drop-in care
- bilingual programs
- mainstreaming (inclusion)
- extended health care services
- family counseling
- parent education
- transportation
- special classes and activities (for a fee), such as swimming lessons, dancing lessons, or gymnastics

TYPES OF CHILD CARE PROGRAMS
(By funding source)

Head Start (funded by federal government)
Federally supported programs (block grant funding to states)
Franchise
Employer-sponsored
Church-affiliated
Sole-proprietorship
Partnership
Corporation
University or community college affiliated

Figure 23.1

◆ ***Essential Questions:*** ◆
Program Characteristics

1. What is the director's role in child care curriculum planning and implementation?
2. How can knowledge of different types of child care programs help a child care program director?
3. What are four factors that affect child care curriculum planning?

CURRICULUM DEVELOPMENT

After basic program decisions (licensing standards, grouping patterns, and services offered) have been made, curriculum must be developed. Curriculum outlines the developmental goals, objectives, and activities for children in a child care program. The purpose of the curriculum is to guide teachers as they plan teaching activities. The curriculum is also used to inform parents and others of the child care center's activities for children.

The curriculum plan should be in written form and should include the following sections:

- statement of philosophy
- goals and objectives
- activities (based on instructional strategies and program models)
- plan for evaluation and revision

The director, teachers, parents, and board members should be involved in developing curriculum. A curriculum planning committee with representatives of these groups may be formed. The director or curriculum coordinator is the leader who selects the committee and guides its progress. Through group meetings, a curriculum can be developed which will best meet the needs of the children involved.

Statement of Philosophy

A director's personal philosophy of child caregiving affects curriculum planning. A director's caregiving philosophy is influenced by his or her experiences, training, and education. A director has the main influence on program philosophy, especially for a new program.

Each person on the curriculum planning committee will have a personal philosophy of child caregiving. At the first committee meeting, the group should try to find a common philosophy which supports the curriculum to be developed. They might discuss such questions as the following:

- What do children need?
- How do children learn?
- What is the center's purpose as a provider of child care?

After discussion, the committee can prepare a clearly written statement of philosophy. The philosophy provides the focus for developing goals and objectives.

Experiences cause individuals to change or adjust philosophies. For these reasons, each person may have a different philosophy which continues to develop. Likewise, the curriculum philosophy statement should be evaluated and improved every year or so.

Goals and Objectives

Curriculum goals are long-range plans. For some programs, goal statements are divided by types of development–physical, emotional, social, and cognitive–for each age group.

Each goal should be worded in terms of child development principles and reflect the program's philosophy of caregiving. The goals should be realistic and describe changes that can be observed. Some sample goals for preschool-age children are listed below:

- to begin to understand and accept differences in people based on ethnic or cultural background
- to develop habits and attitudes that promote and maintain personal physical health and well-being
- to develop a mathematical understanding through counting, measuring, grouping, estimating, and comparing, size, weight, and shape
- to increase the skills of problem solving, thinking, reasoning, and creating
- to increase each child's sensory awareness

It is best if program goals are developed by the curriculum committee. Goals should represent a balance between the needs of the children, parents, and community. Not every committee member will agree with every goal. However, agreement should be reached on as many as possible. Final decisions are left to the director.

Specific objectives or short-range plans are developed from goals. Many objectives can result from each goal. Sample objectives are usually prepared by the child care program curriculum committee. Other objectives are developed by individual teachers with guidance from the director or curriculum coordinator. Each teacher should have classroom curriculum filed in the administrative office.

Behavioral objectives state exact behavior desired, the conditions under which the behavior is performed, and the degree to which the behavior is performed. Each objective must be clearly stated to provide a basis for evaluation. Two objectives related to the development of the senses might be stated as follows:

- The child will match all pairs of identical smells when presented with a mixed set of smell bottles.
- The child will arrange six texture cards in order from smooth to rough.

Instructional Strategies

Instructional strategies are activities and learning experiences the teacher plans to help children meet goals and objectives. The director or curriculum coordinator guides and supervises teachers in developing these strategies. Teachers use different learning activities to meet the needs of each child. There may be many ways to help children learn one skill. The director supports this process by providing the staff with needed material, as well as staff training.

The following principles apply to the development of teaching strategies. The list is adapted from Click, *Administration of Schools for Young Children.*

- Implementing objectives begins with setting up the environment.
- The child must have many chances to practice the kind of behavior stated in the objective.
- The child should gain a feeling of satisfaction from the behavior resulting from the experience.
- The child must be able to achieve the expected behavior as a result of the experience.
- The child should have a choice of experiences that can result in the desired behavior.
- The child should be given the chance to repeat familiar activities in order to achieve the desired result.

Learning experiences must be put together in an organized way to be effective. Unity, sequence, and balance should be used in planning teaching strategies.

Program Models

A ***program model***, or framework, is a guide or plan for operating a program. Two general types of program models used in child care programs are the instructional model and the discovery model. Both have advantages and disadvantages. The choice of models primarily depends on the philosophy of the program and the needs of the children enrolled in the program. A casual visitor to a child care center will not know what type of program model is being used. Basically, the same materials, supplies, and equipment are used in both models. The difference is in how they are used. Some basic philosophies underlie both models.

Instructional Model. The instructional model emphasizes the caregiver starting the action with children responding. The teacher decides what materials to use and what experiences to have. Children follow the directions of the caregiver. Adults show, or teach, children how to do various tasks. Figure 23.2 provides advantages and disadvantages of the instructional model.

The instructional model has been used in the Head Start program. Research has shown that direct teacher/caregiver instruction works well in preparing disadvantaged children for school. Some parents value a structured developmental/educational program for their children. These parents often seek a child care program which uses an instructional approach. In Table 23.1, an example curriculum using the instructional model approach is provided. Notice that children do not choose their activities. The teacher makes these choices.

Discovery Model. The discovery model focuses on the children initiating activities with caregivers responding. In the discovery model, children explore the environment prepared by the caregiver until they discover how to do a task. They receive minimal help from caregivers. Each child chooses activities from the opportunities available. Teachers supply materials and help when necessary or

when children ask for help. Basically, the discovery model follows Piaget's theory that children learn from exploring their surroundings.

As with the instructional model, the discovery model has advantages and disadvantages which are outlined in Figure 23.3.

Table 23.2 provides an example of a discovery model curriculum. Notice the options available. There are several activities from which children may choose.

Balancing Instructional and Discovery Models. The descriptions of the instructional and discovery models show the "extremes" of both models. In actual practice, some variation of these models is usually used. Many programs try to reach a balance between instructional and discovery methods. A balance may mean that activities are initiated equally by caregivers and children.

Essential Questions:
Curriculum Development

1. What are the four parts of a written curriculum plan?
2. What is the difference in a curriculum goal and curriculum objective?
3. How do the instructional and discovery program models differ? List three advantages and three disadvantages of each type of model.

INSTRUCTIONAL MODEL

ADVANTAGES

- Teachers have control over activities.
- Teachers can guide children directly toward preplanned goals.
- Certain materials and equipment can be chosen for specific experiences.
- Children know what to expect and what is expected.
- Children know their limits and learn to be dependable.
- Children learn to cooperate and follow instructions.

DISADVANTAGES

- Teachers have fewer chances to observe children's decision-making abilities.
- Teachers have less chance to observe children initiate activities. A child's strongest talents may be overlooked.
- Children have less opportunity to learn by spontaneous involvement.
- Children have less opportunity to develop independence and practice making decisions.

Figure 23.2

BEST COPY AVAILABLE

Morning Curriculum—Instructional Model

Time	Activity	Area	Materials
8:00 a.m.	**Greetings and play dough with cookie-cutters**	Front Table	play dough
8:30 a.m.	**Learning Centers (LC)** Note: Children will be rotated to different areas at 15-minute intervals.		
	Math — weighing	Math LC	balance scales, small objects
	Science — weather flash cards	Science LC	pictures of clothing and seasons to match
	Computer — "Early Letter Fun" program	Computer LC	computer and "Early Letter Fun"
	Language Arts — safety bags (matches, pins, etc.)	Language Arts LC	paper bags, safety objects, dangerous objects
	Note: All children must complete the activity in each center.		
9:30 a.m.	**Music Group Time** *Row, Row, Row, Your Boat*; Alphabet Song	Music Corner	piano, music
10:00 a.m.	**Outside Play** *Simon Says, Red Rover, Parachute,* exercises	Playground	parachute
10:45 a.m.	**Art** valentine's cards	Art Tables	paper; red, pink, white crayons; heart stencils

➪ *Table 23.1*

DISCOVERY MODEL

ADVANTAGES

- Children learn through exploring their surroundings.
- Children learn to direct themselves and their actions. They have greater control over decisions and activities.
- Children develop independence and a sense of self in a natural way.
- Teachers and caregivers can see each child's strengths and areas of need from a wide range of possibilities.

DISADVANTAGES

- Children may miss valuable experiences because of interest in a few self-selected activities.
- The total environment must be carefully planned and maintained to assure appropriate choices of activities by each child.
- Teaching strategies must be flexible. Caregivers need skill in directing or redirecting activities toward goals, without controlling activities.
- Some children may be confused by freedom of choice. Caregivers must watch for children who wander aimlessly and are not involved.

Figure 23.3

UNITS OF STUDY

Children do not learn in isolation, but in an integrated manner. An ***integrated curriculum*** allows children to explore language, math, science, art, and creativity while studying one concept or theme. For example, while studying transportation children learn math concepts (speed, distance, and number of wheels), language (stories about planes and trains and dramatic play centers), science (fuels used, types of wings on planes, resistance), and creativity (planning an imaginary trip) All the activities of the day or week can focus on a concept related to transportation.

A ***unit plan*** is a collection of information and activities about a subject or topic which includes all areas of study. General information or basic concepts about the topic are used to introduce the unit. Activities to be placed in learning centers may be collected from a wide variety of resources; however, human resources and field trips should also be considered. Parents, community leaders, cultural groups, and individuals may bring special talents, abilities, and information to the classroom. Community resources may provide sites for field trips which may reinforce concepts being shared with the children. Art and music related to the theme adds interest and excitement to the unit.

Morning Curriculum – Discovery Model

Time	Activity	Area	Materials
8:00 a.m.	**Greetings and Learning Centers (LC)**	Front of Room	
	Science – weather flash cards, nature pictures, leaves, & seeds	Science LC	seasonal clothes for flash cards, nature pictures, leaves, and seeds
	Math – counting blocks, puzzles, weighing objects, sequencing cards	Math LC	puzzles, counting blocks, objects to weigh, cards with pictures from small to large
	Art – various art projects	Art LC	paper, paint, crayons, chalk, markers, glue, scissors, yarn, beads
	Computer – "Early Letter Fun" and "Facemaker"	Computer LC	computer, "Facemaker" and "Early Letter Fun" programs
	Dramatic Play – dress-up for grocery store	Dramatic Play LC	clothes, empty food cans & boxes
9:15 a.m.	**Outside Free Play**	Playground	
10:15 a.m.	**Story & Song Time** group or individual choices - books & songs	Book Area	several books & music
10:45 a.m.	**Learning Centers**	Greenhouse	
	Woodworking	Woodworking LC	table, hammer, nails, wood scraps
	Water Table	Water Table LC	measuring cups, spoons
	Sand Table	Sand Table LC	measuring cups, spoons
	Greenhouse	Plant Table LC	needs, potting soil, pots

➪ ***Table 23.2***

Resources for Creative Teaching In Early Childhood Education written by Darlene Hamilton and Bonnie Flemming is an excellent source of unit plans.

Whether caregivers plan thematic units with notes, lists, or webs, at some point they should appear as a written, long-range plan that is flexible enough to allow for changing needs and interests. Each activity selected by the caregiver to be included in the classroom should focus on development of a skill.

Selecting units of study for children is exciting. Caregivers must consider the following when selecting units:

- age of the children
- size of the group
- appropriateness to the community and geographical area
- resources and materials available
- space available

Units of study should be outlined at the beginning of the year so that they can be scheduled at the most appropriate time. The themes must also be age appropriate and individually appropriate.

◆ Essential Questions: ◆
Units of Study

1. What is the meaning of an integrated approach to teaching?
2. What is included in a unit plan?
3. What should be considered in selecting units of study for young children?

EVALUATION TECHNIQUES

Evaluation is an ongoing task. It is best for evaluation plans to be made in the beginning stages of a program. Overall program evaluations are the jobs of the director and the board of directors. However, through daily contact with the children, teachers and caregivers play very important roles. Caregivers can provide feedback about how effective the program is. This is done by recording observations of individual children and groups of children. A ***developmental checklist*** has columns for checking whether a child displays a certain behavior or not. The lists of skills or behaviors may focus on one or more types of development, such as language or motor development. Developmental checklists are usually sequenced and give approximate ages that certain behavior can be expected. Observation of children and record keeping are important caregiver skills.

Many evaluation techniques are available. Observations done periodically are helpful in obtaining information. From this information, curriculum can be improved to meet the needs of the children, parents, and teachers.

Observation of Children

Several techniques outlined in Chapter Sixteen are used by teachers for recording their observations of young children. It is best to use several techniques over a period of several days or weeks to record children's behaviors. When different methods are used, there is more assurance that children's development is carefully and accurately observed. Furthermore, observers must know the specific purpose of the observation in order to remain focused and gather adequate information.

◆ Essential Questions: ◆
Evaluation Techniques

1. Why is evaluation of curriculum important?
2. What is a developmental checklist and how is it used?
3. Why should evaluations be done over a period of time?

SCHEDULING

The daily schedule gives the teacher, caregiver, and children security. The daily schedule for the overall program is made by the director. From this program schedule, teachers make their own schedules for specific classroom activities.

Children need to know what will happen and what to expect at the child care center. Most of them do not tell time by a clock or know the day by looking at a calendar. Schedules help young children establish a "time" for daily activities and follow them in a given order.

Factors Affecting Daily Scheduling

A number of factors affect the scheduling of activities in the child care center. These are summarized below.

Age, Developmental Level, and Background Experiences. Children's abilities must be considered in scheduling. Several activities may be scheduled during one time period for older, more mature children. Schedules for multi-age groups should include activities for all ages and abilities and activities for each level within the group.

Length of the School Day. The length of the school day affects the scheduling of activities. Child care facilities operate in many different ways. Some are open only half of a day, while others are open a full day. Half-day and full-day centers will probably have different scheduling policies. For example, the center which is open a full day has to allow for lunch and rest time. The center which is open half of a day probably does not allow for lunch and rest time. Scheduling may change depending upon the length of the day. However, many of the same routines are followed in both the morning and the afternoon. Either type of scheduling should include time for toileting, washing, and alternating quiet play with active play.

Types and Needs of Children. In scheduling activities, the types of children enrolled at the center must be considered. Some centers may be organized for children with special needs, such as physically handicapped or disadvantaged children. Others may serve other types of children. Special planning is needed to meet the physical, emotional, social, and cognitive needs of all children.

Weather and Season. Weather and seasonal changes should be considered in planning activities. Extra activities should be scheduled when bad weather is expected. Children need to know they can expect special inside activities if the weather is bad. When the weather is very pleasant, a long period of outdoor activity time may be scheduled. If children are allowed to play in rain or snow, parents should know ahead of time so they can dress children for the weather.

Transportation. Regardless of how children are transported, they probably will not all arrive or leave at the same time. Activities that children can begin and end quickly should be scheduled for arrival and departure times.

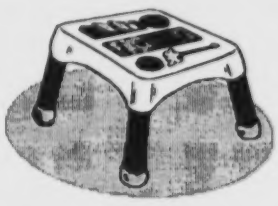
Arrangement and Use of Space. To avoid crowding and conflict, schedule activities carefully. Separate activities which require use of the same space. For example, a craft activity might require use of tables. If it is scheduled just before lunch, either crafts must be put away early or lunch will be delayed while tables are cleared. The craft activity could be scheduled earlier in the morning. If the craft activity is followed by a story time or another activity, the children will move away

from the table area. The staff will then have time to set up lunch without requiring children to wait.

Number of Children. Staying on schedule is most important when a large number of children share space and equipment. Communication and cooperation between staff members also becomes crucial. The director must be a good manager. Staff members working at the end of the day may prepare space and equipment for use the next morning. Using teamwork makes staying on schedule easier.

Play Opportunities. Play periods should be scheduled because of their value in children's development. Some suggestions for doing this include the following:

- Analyze the purpose and timing of play. Sometimes caregivers destroy the value of play. This may be done by failing to provide age-appropriate toys and the chance for children to express themselves. A toy may be "creative" but may be used at the wrong time. Materials can discourage a child if the child is not ready to use them. For example, a complicated wooden puzzle might cause frustration rather than enjoyment for a very young child.
- Avoid making children self-conscious about play. When children become self-conscious about play, it is no longer valuable. Adults sometimes make mistakes by getting too involved in children's play. Wise caregivers allow children to use play materials or toys constructively.
- Avoid providing too many toys. Children are uneasy and unhappy with too many toys. Some playrooms look like a toy store after a tornado. Such an environment leaves the child without a sense of order and organization. Too many choices can be overwhelming to a child.
- Provide the same toys for girls and boys. One way of destroying creative play is to believe that only certain activities are for boys while others are only for girls. For example, suggesting that girls play waitress while boys play truck driver limits creativity. Allow and encourage children to try a variety of activities.



- Avoid encouraging serious competition. When winning becomes more important than playing, children can be harmed. When a child is rejected because he or she cannot perform well enough, the child loses interest in taking part in group play. This situation can harm a child's self-image. In turn, the child who "wins" all the time may develop a false idea that he or she is superior.

Schedule Changes

Flexibility is important in arranging a schedule. Children need time to finish projects and activities. Teachers, caregivers, and the director are wise to take advantage of "teachable moments." For example, take time to enjoy a rainbow, see the fire truck go by, or look out the window at the old-fashioned car parked on the street.

The director may plan seasonal changes in the schedule. For example, during the winter months, the outdoor play time may be shortened. Large motor activities may be scheduled indoors.

A director should get feedback from teachers and other employees regarding changes. Parents may provide feedback as well. For example, parents of preschoolers may want children to have more time to work with computers. Some parents may request more outdoor activity time for their toddlers. Based on feedback from everyone, the

director makes decisions about schedule changes. After a decision is made, the director discusses the changes with staff members and parents.

◆ Essential Questions: ◆
Scheduling

1. Who is responsible for making the daily schedule for a child care program?
2. What factors affect scheduling decisions for a child care program? Explain how each factor may affect scheduling.
3. Why is flexibility in child care scheduling important?

HEALTH, SAFETY, MATERIALS, AND EQUIPMENT

Health and Safety

Good health and safety programs are important in a child care program. These programs directly affect the health and welfare of children. Management decisions for the child care program must comply with established health and safety practices.

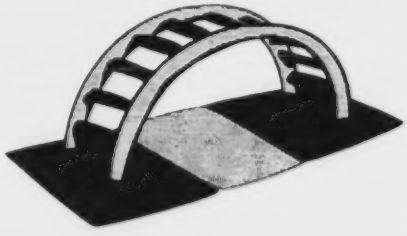
To create a safe child care program, the director must consider various factors. Space arrangement, equipment, toys, supplies, and hazardous materials all affect the child care environment. Safety rules and staff/child ratios also affect health and safety awareness of children. These factors influence the effectiveness of the curriculum. Training children and staff members to follow established emergency procedures is an important part of any child care curriculum.

Administrators must make decisions about emergency and non-emergency medical care. The director should always be notified in a health or safety emergency. Evaluation of the health and hygiene practices of caregivers and other staff members is important. Keeping health records for children and employees is an important part of managing a health and safety program.

Materials and Equipment

Learning materials and supplies are important to a child care curriculum. Children need a variety of items to help them develop physically, emotionally, socially, and intellectually. Suggested materials and equipment for child care programs are included in Chapter Six.

The director oversees the purchase, storage, distribution, maintenance, and replacement of materials and equipment. In a large center, this can be a big task. Few programs can afford all of the materials and equipment they would like to have. A priority list of needs should be kept for each classroom. Many items can be made by caregivers or volunteers. All items made or purchased should be age-appropriate and safe to use.



Some materials, such as paper and paints, must be restocked when used. Caregivers can be given guidelines on how to use these items efficiently. They should also notify the teacher or director when the stock is low. Creative directors and caregivers will find inexpensive or free sources for many materials and supplies.

One can easily see that a child care program director has many important duties. Understanding the role of the director in curriculum management can help individual

caregivers see the whole picture in the operation of a child care program.

◆ Essential Questions: ◆
Health, Safety, Materials, and Equipment

1. What is the director's role in the center's health and safety program?

2. What are the director's responsibilities for materials and equipment in a child care center?

3. In what ways can materials and supplies be accumulated without purchasing?

Chapter Highlights

- ☆ Child care curriculum includes all activities that promote the physical, emotional, social, and cognitive development of children. Planning a child care curriculum begins with an awareness of the types of child care programs.
- ☆ The curriculum plan should be in written form and include a statement of philosophy, curriculum goals and objectives, instructional strategies, and a plan for evaluation and revision.
- ☆ The curriculum should reflect the center's philosophy of child caregiving.
- ☆ Curriculum goals are long-range plans worded in terms of child development principles. Specific objectives or short-range plans are developed from goals. Behavioral objectives state exact behavior desired, conditions under which the behavior is performed, and the degree to which the behavior is performed.
- ☆ A program model, or framework, is a guide or plan for operating a program. Two general types of program models used in child care programs are the instructional model and the discovery model. Both have advantages and disadvantages.
- ☆ Overall program evaluations are the jobs of the director and the board of directors. However, through daily contact with the children, teachers and caregivers play very important roles as they record observations of children.
- ☆ The daily schedule gives the teacher, caregiver, and children security. Factors that affect daily scheduling include age, developmental level, and background experiences of children; length of the school day; types and needs of children; weather and season; transportation; arrangement and use of space; number of children; and play opportunities.
- ☆ Flexibility is important in scheduling. Children need time to finish projects and activities. Teachers and caregivers need opportunities to take advantage of "teachable moments." The director may plan seasonal changes in the schedule.
- ☆ To create a safe child care program, the director must consider various factors. Space arrangement, equipment, toys, supplies, and hazardous materials all affect the child care environment. Safety rules and staff/child ratios also affect health and safety awareness of children.

Chapter 24

Facility Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3E Practice techniques that promote good health and safety in young children.

Chapter Vocabulary

boundaries
child/staff ratios
modified open-space design
open-space design
self-contained design
traffic flow

FACILITY PLANNING

Developing and maintaining a child care facility are important tasks for program directors. Directors may be involved in planning a new center or remodeling an old building for a child care program. Most directors work to keep their facilities in good condition. All directors need to be alert for ways to expand their facilities as their programs grow and develop.

Indirect guidance is used when a child care environment is planned. Plans are made to prevent problem behaviors and to encourage positive behaviors in children. Indirect guidance is used when planning grouping patterns, child/staff ratios, space, materials, and time. Many issues and problem behaviors can be prevented by using indirect guidance.

Behavior is affected by how children are grouped. Having large groups of children in a crowded area results in behavior problems. The noise level alone increases tension and

frustration in children and caregivers. With large groups, there may not be enough materials or space to appropriately use those materials and equipment. If small groups are created, children usually explore the environment, are happy, and get along better with peers. Licensing standards regulate the group size in most states.

Often, there are minimum licensing standards for ***child/staff ratios.*** Child/staff ratios refer to the number of children enrolled for each caregiver on the staff. The licensing standards are minimum numbers. It is usually best to have more caregivers than the minimum standards require. When there are fewer children for each caregiver to supervise, each child receives more individual attention and behavior problems are reduced.

Much planning and hard work are involved in building or remodeling a child care facility. Planning is essential. Once a facility is built or remodeled, changes are costly and difficult. In this area, the director works closely with other professionals. The director depends on architects, building contractors, licensing representatives, and other officials.

Local, state, and federal regulations and site location are among the director's first concerns. Next, the director must communicate to architects or building contractors the special needs and design features of quality child care facilities.

◆ *Essential Questions:* ◆
Facility Planning

1. How might children's behavior be affected by grouping patterns?
2. How might children's and caregiver's behavior be affected by child/staff ratios?
3. What types of regulation will influence facility planning?

REGULATIONS, LOCATION, AND DESIGN

A number of regulations affect child care facilities. The state's licensing standards for child care programs usually include requirements for the following:

- space per child
- number of toilets and lavatories
- fire safety features
- sanitation features
- indoor and outdoor safety features

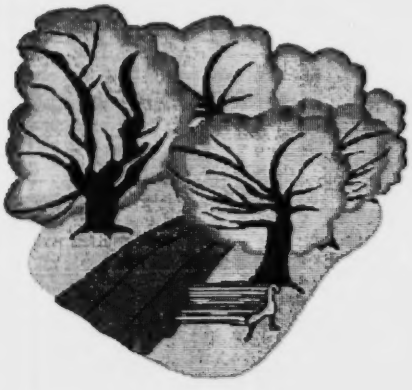
Child care facilities must also follow regulations set through federal and local laws, ordinances, and regulations. These regulations may require regular inspections for fire safety and the condition of gas lines, plumbing, and building structure. Any time a new building is planned, city officials must approve site location (zoning) and building plan (building permit).

The regulations affecting any one facility will differ from state to state and city to city. A program director should make a thorough investigation to understand required regulations.

The location of a child care facility is an important choice for a successful program. Overall, the location must be convenient and attractive to parents. Research has found that

parents usually prefer a location closer to home than to their work or school. This may occur because parents wish to avoid the longer ride with their children to a facility. Also, the children may feel more at ease at a facility in a familiar neighborhood. However, some parents, especially those with infants, may prefer easy access to their children during the day.

In addition to these factors, child care facilities need to be located in a safe area. They should be near sources of public transportation, when possible, and located off of busy streets. It is helpful if community resources are located nearby to enhance the child care program. When possible, it is good to locate a child care facility between two neighborhoods. Such locations attract a variety of families more easily.



The location communicates an image of the child care program. If a program is located in a stable neighborhood, close to a small park and a successful shopping center, it creates a better image than a program located near a depressed downtown area.

When searching for a location, the director or building committee should have a clear set of guidelines. They need to know who they will be serving and what kind of program they want. They also should know the type of facility they hope to build or remodel. Knowing these guidelines will help real estate agencies or architects assist in finding the right location.

Child care facilities have specific space and design needs. Three basic questions regarding space and design are as follows:

- What kind of space is needed?
- How much space is required?
- How should the space be designed?

Space within the child care facility can be broken into three categories. These are indoor space for children, outdoor space for children, and space for support areas. Guidelines for designing space in each of the areas are discussed in this chapter. Though each area is discussed separately, remember that all areas function together. The amount of space needed for each of these areas depends on the program's philosophy and state licensing standards.

◆ Essential Questions: ◆
Regulations, Location, and Design

1. What requirements are addressed by state licensing standards?
2. What should be considered when selecting a location for a child care center?
3. What are three categories of space within a child care facility?

INDOOR SPACE

The indoor space at a child care center must be thoughtfully arranged. Arranging activity areas in logical ways helps children interact better and use space appropriately. Large, small, and individual activity areas are needed. Overcrowding should be avoided. Using learning centers, boundaries, logical

arrangement, areas of varied sizes, and uncrowded arrangement helps organize indoor space and creates a smooth flow of traffic. Figure 24.1 shows two possible room arrangements for a preschool classroom. One arrangement is inappropriate and one is appropriate. Refer to Figure 24.1 while reading the following guidelines for room arrangement.

Guidelines for Planning Indoor Space

Space for learning inside the facility must be planned with the children's developmental needs in mind. Children need space to develop physical, emotional, social, cognitive, and language skills. Some of the following design guidelines are recommended for children's indoor learning spaces in Texas. Check your state's licensing standards for minimum standards in your state. The planned space must meet or exceed state standards.

- Provide at least 30 square feet per child; 40-60 square feet per child is preferred.
- Provide a barrier-free environment to accommodate children with disabilities.
- Provide child-sized features in the environment (windows, shelves, wall switches, toilets, sinks, etc.).
- Use a variety of textures (wall coverings, floor coverings, furnishings, etc.).
- Provide diffused artificial and natural lighting.
- Provide a source of water in each room or zone.
- Use appropriate design and materials to minimize the noise.
- Use energy efficient design and energy efficient materials.

Design concepts for child care facilities have traditionally focused on the self-contained design. The ***self-contained design*** features separate rooms for each group or age level of children. More recently, the open-space design concept has been used for child care facilities. In the ***open-space design,*** a large open space serves several groups of children together. Each of these space design concepts has advantages and disadvantages. For example, self-contained rooms keep children of different groups or ages from interacting. Yet, they give children a stable environment and a special place to belong. The open-space design gives children a chance to interact with a variety of other children. However, open-space designs are often noisy and confusing.

A modified open-space design may work the best and avoid the problems of the self-contained and open-space designs. In a ***modified open-space design,*** children are located in "zones" especially for their developmental levels. (For more information on modified open-space design, read *Recommendations for Child Care Centers* by Gary T. Moore, et al.)

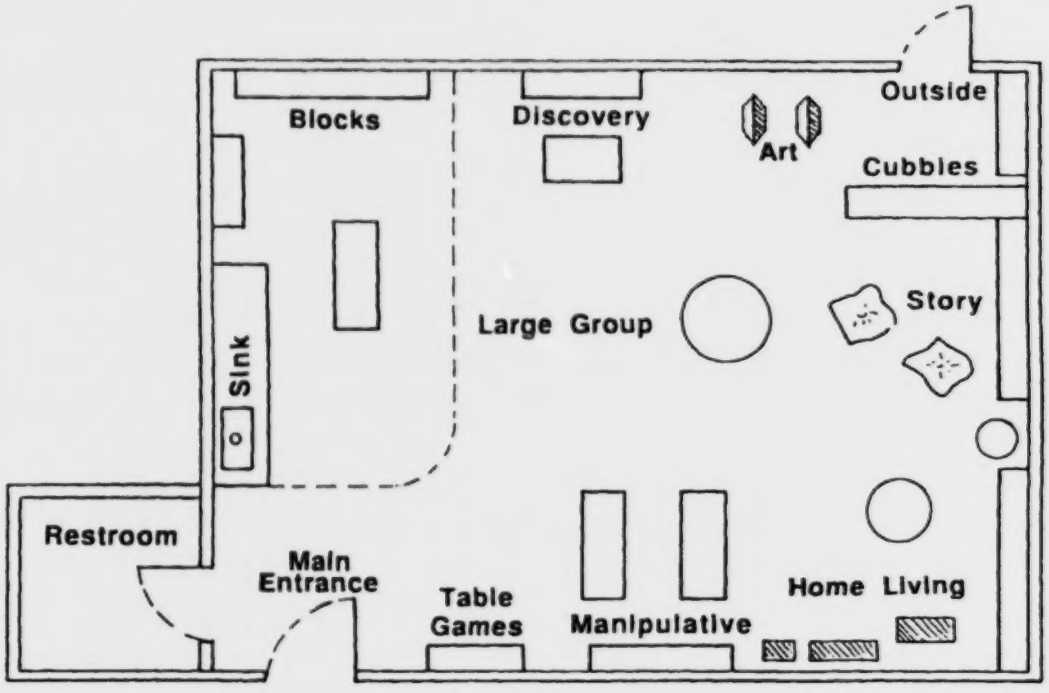
Boundaries

Learning centers should have boundaries to give structure and security. ***Boundaries*** help children know where an activity begins and ends. One way to provide boundaries is with furniture. A low book shelf, a group of easels, or a raised platform can be used to separate activities. Other materials can be used to make more flexible boundaries. Colored tape or area rugs on the floor can be used to separate some areas. A length of fabric or paper can sometimes be hung from the ceiling to show a separate area.

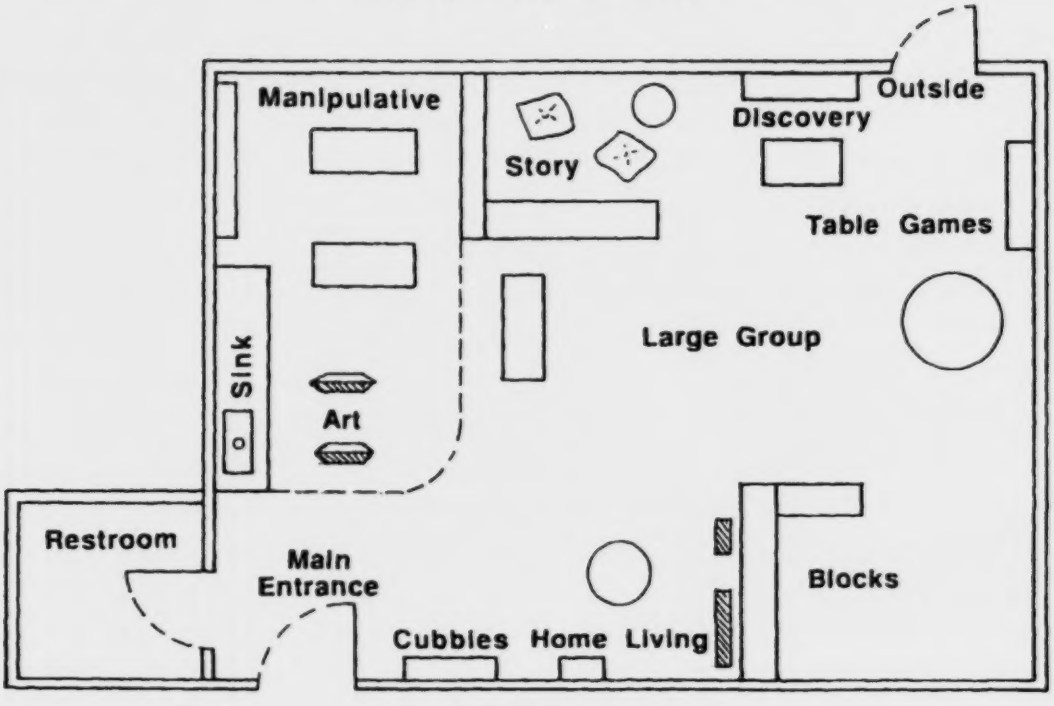
Different floor surfaces also create boundaries. Carpet in the block area would separate it from a tiled floor nearby. Caregivers can use other materials or items available to divide different areas.

Logical Arrangement of Learning Centers

Activity or learning center areas should be arranged in a logical way. From the arrangement, children know what can be done



Inappropriate Room Arrangement



Appropriate Room Arrangement

➪ *Figure 24.1*

in a given area. When possible, toys and materials should be stored in the area where they are to be used. There should be a place for children to work puzzles near a low shelf displaying puzzles. This arrangement shows children that puzzles should be used near where they are stored.

Consider activity and noise levels in deciding where to place each learning center. For example, a large open space encourages active noisy play. Children in a quiet area are better able to think clearly. Locating quiet activities away from noisy ones is helpful. Activity and noise in block or dramatic play areas would disturb children doing quiet activities nearby.

The floor coverings in different areas affect the types of activities done there. A vinyl floor covering is good for messy activities like art, sand play, or water play. A deep pile carpet or furry rug near the display of books invites children to relax with their favorite story. Carpet in the block area would reduce noise from falling blocks.

Areas of Varied Sizes

Children's different levels of development require large, small, and individual activity areas. The larger areas allow children to play in larger groups. These areas should have appropriate equipment to help children develop large muscles. Another area should be for large group activities, such as circle time or music.

Small activity areas allow children to work with materials like art supplies and things which can be manipulated. Space for small group dramatic play helps children with social relationships.

Individual areas are small and give children a chance to be alone. These cozy spaces are calming for many young children. Teachers should plan at least one cozy area. A large cardboard box, a corner divided with hanging

fabric, or a card table covered with cloth may be used. Private areas should be located in or near a quiet area. The story area may be adapted to make this private place. Stuffed animals, a bean bag chair, pillows, and carpet or blankets help make the area cozier.

Uncrowded Arrangement

Crowding children into a small space often makes them withdrawn, irritable, or more excited than usual. A crowded space usually results in more noise and fewer positive interactions.

To prevent crowding, each child and activity center should have enough space. The minimum amount of space needed for each child is set by state licensing standards. Once this requirement is met, several things can be done to reduce crowding.

Having enough learning centers throughout the room helps separate children. When learning centers are all fun, children are less likely to crowd into one or two popular areas. The number of work or play spaces in an area can be set for the children. Having four chairs around a work table shows children how many people can play in the area.

Traffic Flow

Traffic flow is the movement of children between learning centers. It should be considered when arranging space. Having a clear pathway helps children direct themselves and prevents confusion. With enough space to move around freely, children can see all of their choices. Smooth traffic flow also stops children from colliding with or cutting through activity areas.

Areas protected from traffic are best for quiet or manipulative activities. The best areas might be corners with solid boundaries. Another area that needs protection from traffic is the block area. If children often walk across the block area, building efforts may diminish.

Materials for Indoor Space

When space has been arranged, the teacher and other caregivers should work toward securing and organizing the right materials. The selection, organization, and maintenance of learning materials is important. Caregivers hold the interest of children and encourage creativity with well-organized materials. This process promotes positive behavior in children.

Use of a variety of indoor learning materials holds children's interest and stimulates creativity. These materials should fit children's interests, needs, and levels of development. Selecting materials that are versatile and aid all developmental areas is important.

One way to use a variety of materials is to rotate or change materials from time to time. Materials that children get tired of can be put away for awhile. When brought out later, the materials may interest children again.

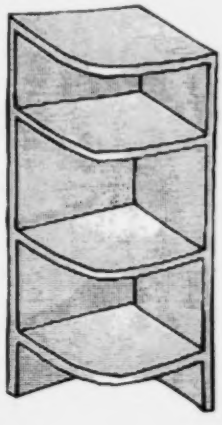
Consider the amount of materials available. Too many materials are confusing and overstimulating. Too few materials make the environment dull and uninteresting. A shortage of materials results in children having long waits to use items and may cause negative behavior. For example, supplying one push toy for a group of toddlers is sure to cause problems. Rather than improving sharing skills, the chance for problem behavior, such as biting, increases.

A well-organized indoor environment promotes independent play and positive behavior. A shelf holding unorganized blocks, books, and toys promotes the wrong use of materials. Materials should be arranged so that children can view, choose, use, and return them by themselves. Each puzzle, game, set of blocks, or other item should have a special storage place easily recognized by the child. Blocks can be returned to a shelf where the block shapes are outlined. Puzzles can be stored in a special puzzle rack.

Problems can be avoided if materials are kept in good condition. Missing pieces or broken toys frustrate young children. Broken items should be removed until they are repaired.

All items for children's use should be child-sized. This includes drinking fountains, tables, chairs, and other equipment. Storage units or bulletin boards of the wrong size or height cause tension, fatigue, and frustration.

Children feel that they belong when their surroundings are personalized. For example, individual storage for personal belongings helps children feel at home. It also helps to use pleasing colors, carpeting, floor pillows, stuffed toys, hanging plants, children's artwork, and photographs from home. When children feel comfortable, they tend to behave in positive ways.



◆ Essential Questions: ◆
Indoor Space

1. How should indoor space be arranged to help guide children toward positive behavior?
2. In what ways do boundaries help guide children's behavior?
3. How does crowding affect children's behavior? Why? What can be done to prevent this problem?

OUTDOOR SPACE

Children need plenty of outdoor space to play and work. To master heights and overcome fear, children need space to climb, jump, and move around. They also need space to play together without conflict. Being outdoors improves alertness and leads to good health. State licensing standards set the minimum amount of space needed per child.

As much thought and planning should be given to outdoor space as to indoor space. Many of the same guidelines apply. Different activity areas should be planned with each focusing on a type of play or piece of equipment. Good arrangements make best use of all areas and create a smooth traffic flow between areas. When outdoors, children should always be supervised. Arrangements should allow caregivers to supervise children easily.

Even outdoors there should be a balance between active and quiet activities. There should be sunny and shady areas. Large and small muscle activity areas should be located away from each other. Areas where infants and toddlers play should be separated from play areas of older children. It should be easy for children to tell the intended use of each area. The ground coverings should be suited to the activities of each area. Activities that involve wheel toys and building blocks work out better on hard surfaces. Rolling, crawling, and tumbling are more easily done on grassy surfaces.

Caregivers cannot rearrange outdoor space where large pieces of equipment are already in place. Some centers prefer leaving space for children to run, tumble, and climb rather than installing large equipment. There should be enough equipment and materials so children do not have to wait a long time for a turn. Equipment and toys should be in good condition with no broken parts or missing pieces. Storage should be arranged so that children can help get equipment in and out.

Sand, water, climbing equipment, and a wheel toy path are basic outdoor play areas. Children also need private space outdoors. A large, hollow concrete pipe is a good outdoor private area for children.

Guidelines for Planning Outdoor Space

Outdoor space must be planned with children's developmental needs in mind. Space for physical, emotional, social, cognitive, and language development should be planned. The following guidelines are recommended for the design of outdoor learning environments (check your state's regulations):

- Provide at least 80 square feet per child.
- Plan for the outdoor environment to be an extension of the indoor environment and vice versa (adjacent to building, covered entry, and same level as indoors).
- Locate areas to take advantage of natural solar heating in winter and building shade in summer.
- Have a variety of surface textures and levels.
- Define play areas with appropriate landscaping but allow children to view other areas.

- Provide both open and semi-closed spaces.
- Include a wheel toy path and turnaround area that is separate from play areas.
- Have water and a restroom easily available.
- Zone areas so that active and passive play are separated.
- Provide areas for water play, sand play, dirt play, gardening, running, and tumbling.
- Plan the environment to serve the needs of children with disabilities.

Children need a variety of outdoor play areas. Almost any indoor activity can be done outdoors if the outdoor space is well designed.

Directors might use a chart similar to Table 24.1 for calculating space needs for a child care program. In planning space, the enrollment for the program must be projected. Table 24.1 shows space needs for forty and seventy-five children for minimum and desirable space allocations.

Materials for Outdoor Space

Organizing materials for outdoor use is also important. Sand and water play equipment, balls, tricycles, and wagons are basic outdoor equipment. For a change, caregivers can also bring items normally used indoors outside. Working puzzles beneath a shade tree or painting at an easel on the porch is as much fun outside as inside. Messy art activities, such as fingerpainting or working with clay, work well outdoors. Cleanup for these activities is much simpler outdoors.

It is important to have enough outdoor play materials. Plenty of shovels, little cars, buckets, and other containers make it fun to play in the sandbox. Having too few of a popular item causes problems. If there are only two tricycles for fifteen preschoolers, it might be best to leave them in storage. It is not realistic to expect fifteen children to take turns with two tricycles.

The outdoor environment can also be personalized. A spring garden where children can plant their own vegetables or flowers is a good idea. Children might paint pictures on a cardboard playhouse or decorate the trees with wind chimes they have made.

When planned well, the outdoor environment is a place where children work and play in positive ways. Without good planning, the environment encourages children to develop undesirable behaviors.

◆ Essential Questions: ◆
Outdoor Space

1. How is planning for outdoor space different than planning for indoor space? How is it the same?
2. What is the minimum outdoor space per child that must be provided to meet your state's minimum licensing standards?
3. How should outdoor space be designated for specific activities?

SUPPORT AREAS

Other spaces in the child care facility support the program for children. Those spaces include the following:

- administration
- food service
- parent area

SPACE REQUIREMENTS FOR A CHILD CARE CENTER

SPACE	AMOUNT OF SPACE REQUIRED	
	40 CHILDREN	75 CHILDREN
Indoor Learning Area		
At 30 square feet per child, minimum	1,200	2,250
At 50 square feet per child, desirable	2,000	3,750
Outdoor Learning Area		
At 80 square feet per child, minimum	3,200	6,000
At 125 square feet per child, desirable	5,000	9,375
Total Building Size		
At 72 square feet per child, minimum	2,880	5,400
At 100 square feet per child, desirable	4,000	7,500
Site (Lot) Size		
At 200 square feet per child, minimum	8,000	15,000
At 350 square feet per child, desirable	14,000	26,250

⇨ *Table 24.1*

- staff area
- entry
- housekeeping
- storage
- parking
- observation

Each of these areas must be carefully planned. The entrance is one of the most important areas but is often overlooked in planning. The entry should be warm and inviting for both children and parents. An easily accessible door, a porch, and a front garden are some of the ways to create this impression.

Once inside the facility, visitors should be able to see the administrative offices. These areas should also appear warm. Glass and low walls allow visitors a view of the friendly faces working in this area. Having a visually open administrative area is also important for supervision by the director. The director should have a view of the entrance to the building and the children's indoor and outdoor areas.

The design of the child care facility can have a great effect on parent participation in the program. Having well-designed areas for parents can encourage them to spend more time at the center. These areas include a parent reception area, conference room, observation windows, and transition areas between the entry area and the children's area. Parents should feel comfortable and welcome.

Support areas for staff are also important. Caregivers need plenty of work and storage areas. They also need quiet areas so that they can get away for a few minutes.

The importance of a well-planned facility cannot be overemphasized. Many individuals are involved in this planning process. Together these individuals identify their goals

and philosophy, determine design guidelines, plan a schedule, design the facility, and construct the facility.

◆ Essential Questions: ◆
Support Areas

1. What areas in a child care center are considered support areas?
2. How can well-designed support area space contribute to an inviting atmosphere for parents? Give examples.
3. How can well-designed support area space create a pleasant working atmosphere for child care staff? Give examples.

FACILITY MAINTENANCE

Maintaining a child care facility is an ongoing responsibility for child care program directors and staff. A maintenance calendar helps the directors plan for regular maintenance. Also needed is a list of qualified people or companies to be used for maintenance services or repairs. Of course, directors and staff can do many maintenance tasks themselves.

Caregivers, teachers, and support staff are frequently aware of maintenance needs before the director. Therefore, these individuals have a responsibility to report needed repairs and maintenance of the facility and equipment to the director. Maintaining a safe, efficiently operating child care center requires frequent communication among staff and administrators .

Maintenance Calendar

Facilities last longer and work more efficiently when they are well maintained. Besides general tasks, such as cleaning floors, walls, windows, and other items, the following tasks should be included on a maintenance calendar:

- inspect and service heating system
- inspect and service cooling system
- inspect and service water heater
- inspect electrical system
- inspect fire alarms and extinguishers
- inspect plumbing
- inspect interior building structure
- inspect exterior building structure
- inspect concrete sidewalk, parking area, paving
- inspect locks and security devices
- provide for insect control
- maintain ground (yards, garden, play surfaces)
- inspect outdoor equipment
- inspect fence and gates

A ***maintenance calendar*** is a special calendar organized for the purpose of reminding the director which maintenance tasks need to be done. Some jobs, such as inspection and service of heating or cooling systems, are needed once or twice a year. Other tasks, such as grounds maintenance, must be done weekly or daily. Directors should know how to inspect their buildings, grounds, and equipment and when to call on others for assistance. Directors will find a simple maintenance calendar helpful in planning and implementing maintenance tasks.

◆ Essential Questions: ◆
Facility Maintenance

1. Who is responsible for reporting maintenance tasks to the director?
2. What maintenance tasks should be included on a child care maintenance calendar?
3. Which maintenance tasks need to be done only once or twice a year?

Chapter Highlights

- ☆ Developing and maintaining a child care facility involves good planning and provides indirect guidance to encourage positive behavior from children.
- ☆ Grouping small numbers of children together results in lower noise levels. Smaller groups also allow better use of materials available. Having fewer children per caregiver allows more individual attention for children and helps reduce behavior problems.
- ☆ State licensing standards for child care facilities usually include requirements for amount of space per child, number of toilets and lavatories, fire safety features, sanitation features, and indoor and outdoor safety features. Federal, state, and local regulations may also affect child care facility location and operation.
- ☆ The location of the facility is a critical choice for the success of a child care program. The location must be safe, convenient, and attractive to parents.
- ☆ Indoor learning space must be planned with children's developmental needs in mind. Self-contained, open-space, and modified open-space designs may be used in arranging indoor space.
- ☆ Arranging learning centers logically, using boundaries, varying the size of activity areas, avoiding crowded arrangements, and creating a smooth flow of traffic can aid in design of indoor space.
- ☆ The selection, organization, and maintenance of indoor and outdoor learning materials is important. A variety of materials should be utilized to fit children's developmental levels. Maintaining adequate amounts of materials in good condition is also important.
- ☆ Outdoor space should be planned to allow enough space per child. A variety of learning centers that fit developmental levels of children improve the outdoor environment.
- ☆ A good daily plan provides order for each day and helps children feel at home in the child care center. Consistent but flexible schedules help provide smooth transitions and an orderly sequence of events.
- ☆ Support areas must be carefully planned to include spaces for administration, food service, parents, staff, entry, housekeeping, storage, parking, and observation of children.
- ☆ A maintenance calendar helps the child care program director plan and implement maintenance tasks. Some maintenance tasks need to be performed daily or weekly. Other maintenance needs to be done only once or twice a year.

Chapter 25

Child Care Program Organization/Administration

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

2A Evaluate safety and sanitation standards in a child care setting.

12A Summarize the rights and responsibilities of employers and employees.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Chapter Vocabulary

accreditation
child care management
due process
fiscal
goals
implementation
market analysis
minimum standard
motivation
needs assessment
objectives
planning
provisional license
resources
revoke

ORGANIZATION AND ADMINISTRATION

The child care center director is the administrator, or leader, of the child care program. As mentioned in Chapter Two, a child care program director must have specific qualifications for the type of program directed. The child care program includes all activities involved in the operation of a center. Among these activities are the following:

- curriculum
- food service
- health and safety program
- licensing standards
- business management functions

All good leaders have some basic management competencies in common. ***Child care management*** involves the director coordinating the activities of other people in achieving program goals. An effective leadership style is essential.

Successful child care directors develop a leadership style based on working situations and their own personalities. Some styles are more effective for some directors than others. For example, one leadership theory describes "task-oriented" and "people-oriented" styles. A child care program director might be more people-oriented than task-oriented. For this program director, problems with the budget might be more frustrating than problems with personnel. The most effective leaders tend to have a high regard for employees, as well as the work to be done.

Directors with effective leadership styles are good models. They show commitment through good work habits. They arrive at the center on time and avoid unnecessary visiting. They take care of personal business on personal time. Effective directors manage time well.

Behavior and appearance also affect leadership effectiveness. This is especially true when child care program directors meet the public. A neat, well-groomed appearance shows a director is professional. Good manners and consideration for others set the tone for business to be conducted.

Functions of Management

Management involves five basic functions: planning, organizing, implementing, evaluating, and communicating. Child care directors will find themselves involved daily in each of these functions.

Planning. ***Planning*** is thinking that occurs before action is taken. Planning comes first. Planning involves decisions about how to go about achieving goals and objectives. Another way to describe planning is that it answers the questions what, why, when, where, how, and by whom. Four steps in planning are discussed in the sections below.

Step One: Setting Goals and Objectives - Setting goals and objectives is the first step in planning. ***Goals*** tell where an organization hopes to be in the future. An administrator of a new child care center may have a program goal to develop a well-known and respected program by the end of two years. Goals are sometimes considered a finishing point, but actually the achievement of one goal calls for new goals to be developed. For this reason, goals should be thought of as checkpoints along the way. As long as the child care program is in operation, there will be goals to strive toward.

Objectives are more specific statements related to a goal. Objectives tell the exact

behavior and the activity to be achieved. For example, the administrator who desires a well-known and respected program might have some of the following objectives:

- Print at least six ads in the local newspaper advertising the child care program.
- Apply for program evaluation from a national organization which promotes quality child care.
- Hold an open house for members of the community to become familiar with the program.

Such objectives clearly show the action to be taken. In addition, goals and objectives provide the basis for evaluation.

Step Two: Assessing Resources - The second step involved in planning is assessing what resources are needed to achieve the stated objectives. ***Resources*** include materials, people, services, and time. If enough resources are not available to accomplish a certain objective, the objective may need revision.

Step Three: Determining Sequence of Activities - The third step in planning is determining a sequence of activities. Charts, lists, and tables are useful for this task. These items help show the sequence of events and time involved in achieving the objectives.

Step Four: Decision Making - The final step in planning is decision making. In planning, several courses of action may be considered. In decision making, the director carefully thinks about strengths and weaknesses of each course of action and then chooses the best plan.

Decision making must also be used to form goals and objectives. In this way, decisions are based on what is most important at the time. For example, a child care director may have several projects to be done but not enough resources. A decision is made about projects. Resources are then used for projects in order of priority. Decision-making skills play an important role in planning as well as in the other functions of management.

Organization. When managing, organization involves setting lines of authority and communication, assigning tasks, and motivating employees. People are the main focus. Lines of authority and communication may be pictured on an organizational chart. Teacher assistants should report problems or suggestions to the teacher with whom they work. The teacher reports to the head teacher. In turn, the head teacher reports to the director. This system of relaying information is sometimes called a chain of command.

Assigning tasks means giving out job responsibilities. Tasks to be done are identified in the planning stage. After this, tasks are assigned to members of the organization.

One management principle advises managers to allow employees to perform most tasks. This theory says that a director uses time wisely by supervising others, not by actually doing the work. However, it is best for directors to be able to perform most jobs at the center when necessary. An example of this occurs in small child care programs where the director may be a teacher as well as director.

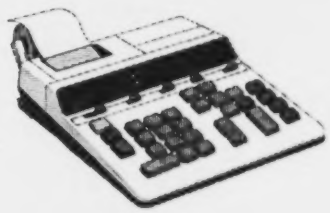
People perform their jobs better when they are motivated. ***Motivation*** is energy that causes people to do the best possible jobs they can. Managers can motivate employees in many ways. People tend to be motivated when they are involved in planning and organizing. Communication plays a key role in motivation. Once people are motivated and

assigned to tasks, plans are ready to be implemented.

Law of Organization and Administration - A child care center may be organized as a sole proprietorship, a partnership (co-partnership and limited partnership), or a corporation. The type of organization will affect the following:

- the amount of financial liability for which the operator of the facility could be held responsible
- the types of decisions the center may make
- the ease with which the original operators of the center may transfer it to others or change its basic form
- the types of taxes which must be paid
- the requirements regarding what happens when the center "goes out of business"
- the paperwork involved in creating and operating the facility

In general, sole proprietorships and partnerships allow the owner(s) to have more control over decisions made with the least paperwork possible. The major disadvantage is that a sole proprietor or co-partners are personally responsible for financial losses and for any criminal or civil charges brought against the center.



A corporation legally exists separately from any people who create or operate it. Corporations may operate as profit or nonprofit businesses. All nonprofit facilities must be organized as corporations. In a corporation, liability falls on the corporation rather than the people who operate the center. (There is an exception: No individual has protection from claims resulting from gross negligence or deliberately harmful acts.) There are some disadvantages to corporations. These include the loss of decision-making control. Control is in the hands of the board of directors. Extensive paperwork and a complicated process for "going out of business" are also disadvantages. When a nonprofit center goes out of business, any assets left after all the bills are paid must be donated to another nonprofit organization.

Implementation. Putting a plan into action and ensuring progress is known as ***implementation.*** Managers direct the activities of those employees assigned to a particular project or job. Once activities are in motion, the manager should obtain feedback from employees about their work. In this way changes can be made when necessary. The ongoing communication between manager and employees leads to evaluation.

Evaluation. Evaluation answers questions concerning the degree to which the objectives have been reached, how well tasks have been performed, and how well people measure up to goals.

Evaluation is based on goals and objectives set in the planning stage. Evaluation can occur in different forms and at different times in a child care program. Budgets are evaluated monthly and annually. The job performance of each employee is evaluated on a regular basis.

Evaluations can be formal or informal. Formally, the director may observe and evaluate a caregiver using a detailed checklist of standards. Informally, a director might give some positive feedback to a caregiver about a task well done. In either case, evaluation records should be kept on file. A list of evaluation areas is given below.

- **People**
  - employees' performance
  - children's development
  - parents' participation

  - caregivers by other caregivers
  - director (self-evaluation)

- **Program**
  - curriculum
  - learning centers
  - learning materials
  - classroom management
  - health and safety
  - food service

- **Procedures**
  - how things are done
  - lines of communication
  - policies

- **Financial Status**
  - assets
  - liabilities
  - income
  - cost control
  - fund raising
  - annual budget

- **Events**
  - workshops
  - parent meetings
  - staff meetings
  - cultural celebrations

- **Records**
  - children's developmental
  - personnel
  - financial
  - maintenance
  - licensing

Evaluations should result in improved performance or a change in plans. In this way, evaluating leads back to planning.

Communication. The first four management functions–planning, organizing, implementing, and evaluating–might be four points around a circle. The management function of communication is the line between each of these points. In other words, communication connects the other management functions together. Figure 25.1 presents an example.

Communication is a process in which information is shared. Between two people, messages are sent and received. Messages are both verbal and nonverbal. A director may tell the staff about a new policy. Parents might be informed about a new fee scale in a memo. A caregiver might communicate acceptance when hugging a child. Some guidelines for effective communication are as follows:

- Think first.
- Choose words carefully.
- Speak clearly.
- Be specific.
- Be positive.
- Encourage feedback.
- Be a good listener.
- Use touch wisely.
- Develop effective writing skills.
- Observe body language.

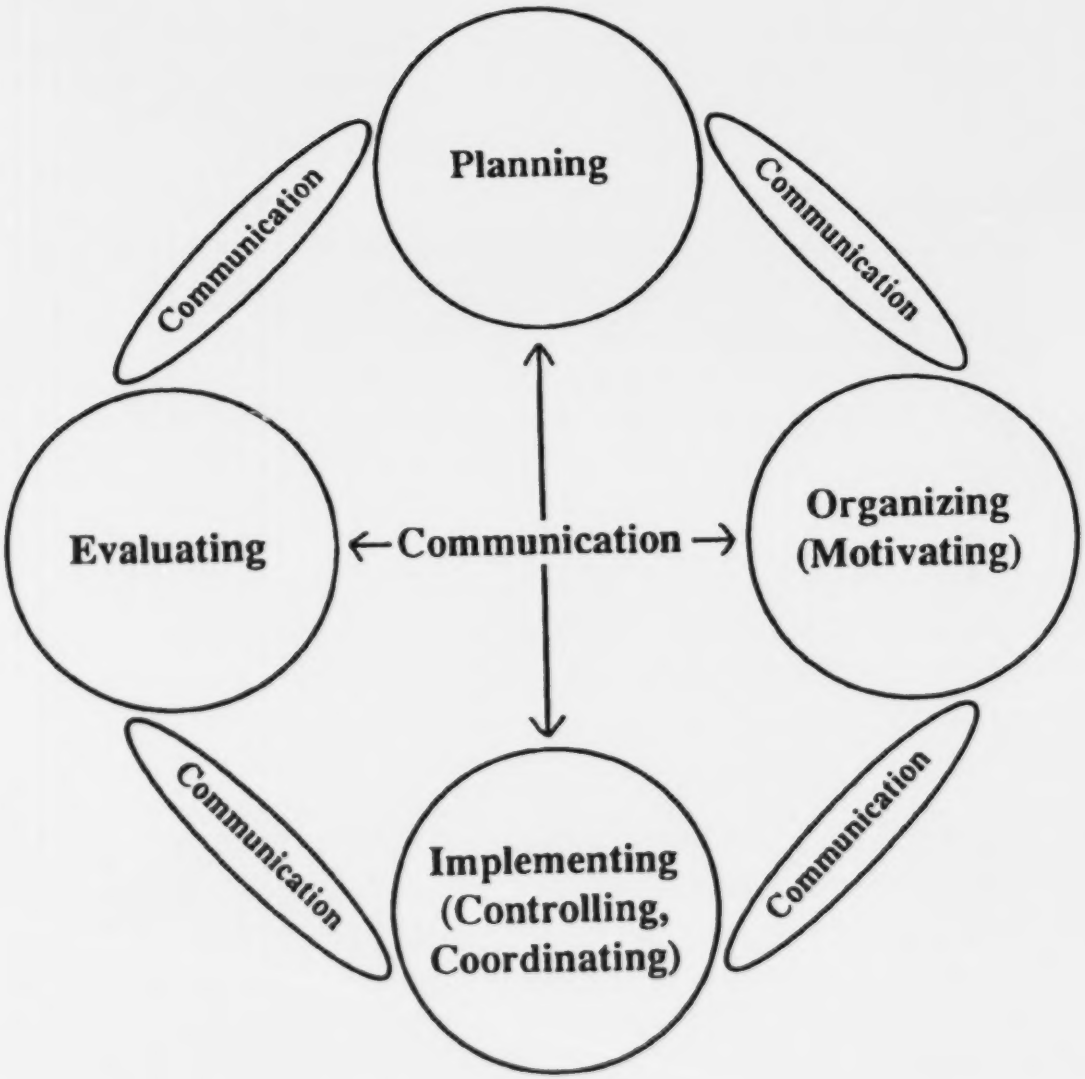
◆ ***Essential Questions:*** ◆
Organization and Administration

1. What characteristics do effective child care program directors have in common?
2. What are the five functions of management? Explain how these apply to child care program management.
3. What are some of the responsibilities of the child care program director?

RESPONSIBILITIES OF THE CHILD CARE PROGRAM DIRECTOR

The child care program director has many responsibilities. The functions of management – planning, organizing, implementing, evaluating, and communicating–apply to all areas of operation. See Figure 25.1.

Functions of Management



➪ *Figure 25.1*

Routine Responsibilities

The director is responsible for curriculum, facility, personnel, food service, finances, and community relations. Below is a list of the director's responsibilities. Note that matters related to record keeping are included in each category. The list is adapted from Click, *Administration of Schools for Young Children*, 4th ed.

- **General Responsibilities**
  - Determine state and local regulatory agencies and requirements regarding licensing, health, and safety regulations.
  - Serve as ex officio member of the board of directors and attend committee meetings as necessary.
  - Provide leadership for setting overall goals for the center that will be used as a basis for curriculum objectives.
  - Maintain privacy of information about children and their families.
  - Evaluate own work as a director and plan for continuing professional growth.

- **Enrollment**
  - Enroll children and keep an accurate waiting list.
  - Interview prospective parents and give information about the center.
  - Maintain enrollment records.
  - Plan orientation for new parents.
  - Know the changing needs of the community in order to maintain full enrollment.

- **Curriculum**
  - Provide direction to staff in setting curriculum objectives appropriate for the center.
  - Work with staff to implement and maintain objectives.
  - Provide leadership in evaluating the curriculum.
  - Maintain a record of the growth, behavior, and progress of each child.

- **Facility and Equipment**
  - Plan, arrange, and use space effectively.
  - Maintain the facility by providing custodial and repair services.
  - Plan future space and equipment needs.
  - Keep records such as inventories, repair schedules, and purchase information.
  - Manage supplies and reorder as needed.

- **Personnel**
  - Recruit and hire staff.
  - Prepare job descriptions for each position.
  - Formulate and apply personnel policies.
  - Assist staff in carrying out center objectives.
  - Provide a continuing assessment of staff development needs.
  - Plan with staff for in-service training.
  - Encourage staff involvement in community activities.
  - Meet with staff to resolve problems.
  - Prepare a staff handbook and keep it current.
  - Keep personnel records.

- **Food Service**
  - Plan nutritious meals and snacks.
  - Order and store food and supplies.
  - Monitor sanitation practices in food preparation, service, and cleanup.
  - Provide a pleasant snack and meal time environment.
  - Control food budget expenditures.

- **Health and Safety**
  - Maintain an adequate health program for the center.
  - Keep health records on all children enrolled.
  - Keep staff informed concerning the health status of each child.
  - Talk with parents as needed about child's health status.

- Refer families to community agencies for special health needs when necessary.
- Be informed regarding legal responsibilities of the center in relation to safety.
- Keep accurate accident records.
- Plan activities for staff and children that teach safety.

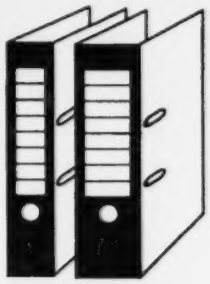
- **Finances**
  - Set up a budget.
  - Control budget expenses.
  - Collect fees and tuition.
  - Keep records of income and expenses.
  - Handle petty cash disbursements.
  - Prepare monthly reports on expenses to date.
  - Prepare a year-end analysis of budget and expenses.

- **Parent Involvement and Education**
  - Communicate objectives of center to parents.
  - Plan and implement parent education activities.
  - Talk with parents regarding their children's progress.
  - Encourage a variety of ways for parents to be involved in center activities.
  - Keep adequate records of parent involvement and education activities.

- **Community Relations**
  - Interpret the center and its objectives to visitors.
  - Represent the center at community functions.
  - Establish contacts with community agencies.
  - Keep records of community interactions and contacts.

Importance of Record Keeping and Privacy

Child caregivers must maintain privacy of information about children and their families. A child's records are open to the director and caregivers directly caring for a child. Without written permission from the parent(s), records should not be shared with other individuals. The director must be firm in keeping records private. Some steps the directors can take include the following:



- Develop written policies and procedures about privacy. Include examples to explain policies.
- Explain during each employee's orientation the necessity of keeping information about children and families confidential. Give each employee a copy of the policies and procedures and review them.
- Remind caregivers and other employees periodically during staff meetings the importance of privacy.
- Hold a caregiver training session about professional ethics.
- Name staff members who have access to written records.
- Assure parents that their children's records are kept private.
- Do not pass a child's records on to other professionals without written permission of the parent.

In general, the following information is needed in children's records.

- **Background Information**
  - child's full name, address, and birthdate
  - parents' names, home and businesses addresses, and telephone numbers
  - name, address, and telephone number of doctor and/or clinic to contact in case of emergency

- **Health Information**
  - childhood diseases and other illnesses prior to enrollment in the program
  - information concerning accidents and illnesses of child while enrolled in the program

- particular symptoms or unusual observations regarding the child while in the center, such as nasal or ear drainage, headache, fever, or rash
- immunization/vaccination records
- medication records, including written permission from a parent or a doctor to give the child medication (if it is a center policy to administer medication to children under these conditions)
- accurate records of the amount and time of medications given

- **Enrollment and Attendance Information**
  - date of enrollment
  - daily attendance record (must usually be kept on file for one month or longer)
  - notes concerning reasons for absences
  - signed statement about who has permission to pick up the child from the center
  - date of discharge or termination

- **Developmental Information**
  - notes concerning child's progress in specific areas of development
  - notes about the parent's personal objectives for the child, signed by the caregiver making the observation or evaluation
  - a record of problems or difficulties apparent from the child's daily experiences.

In addition to the information listed above, state licensing standards specifically identify additional requirements.

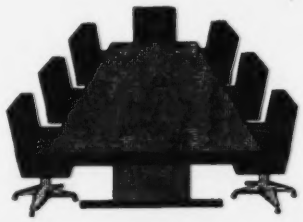
Maintaining a Positive Working Environment

In addition to the duties already listed, the director must create and maintain a positive working environment. The following are included in a positive working environment:

- Communication channels are open.
- Staff members understand and support the goals of the program.
- Staff members receive needed materials and psychological support.
- Evaluation and feedback occur frequently.
- Staff members participate in decision making.
- Work rules and policies are reasonable.
- The physical environment is comfortable and safe.
- A spirit of cooperation is promoted.
- Staff members feel valued and respected.
- The developmental needs of the children are met.

Working With a Board of Directors.

Many types of child care programs are governed by a board of directors. The board is responsible for establishing the philosophy and goals of the center. In addition, the board sets up policy and sees that the program operates within the state standards.



The child care program director reports to the board. In other words, the board represents the director's immediate supervisor. Some of the director's responsibilities to the board include the following:

- helping the board get organized
- carrying out established policies
- making regular reports to the board on center operations
- preparing background information to help the board make decisions
- making recommendations to the board about needed policy changes
- bringing serious problems to the attention of the board

A good relationship with the board of directors is essential if the child care program is to be effective. The board of directors can be both an asset and a challenge to the director. Whenever the director has need, the

board can provide advice and support. Times will arise, however, when the board adopts a course of action different from that recommended by the director. The director may feel frustrated at these times. Boards of directors and program administrators are continually involved in a learning process. As experience is gained, a mutually satisfying relationship should develop.

Starting a New Program

Some child care program directors will have the opportunity to start a new child care program. This opportunity involves many weeks and months of planning and implementation. The steps in starting a new program are taken with licensing requirements in mind. The director should learn as much as possible about each of these steps before undertaking them:

Step 1: Conduct a needs assessment.
Step 2: Develop the statement of philosophy plus goals and objectives for the program.
Step 3: Determine the legal structure of the organization (profit, nonprofit, etc.).
Step 4: Choose the location.
Step 5: Contact the state licensing agency and other regulatory agencies. Follow their procedures.
Step 6: Evaluate insurance needs and obtain insurance.
Step 7: Develop a budget for the first year. Set fees.
Step 8: Formulate operating policies and procedures.
Step 9: Advertise.
Step 10: Hire caregivers and other employees.
Step 11: Develop the curriculum.
Step 12: Enroll children and begin the program.

Needs Assessment. In business terms, assessment of a community's need for child care is called a ***market analysis***. In the child care profession, this process is often called a ***needs assessment***. Any potential small business operator wants to determine the demand for the goods or services to be provided before starting a business.

Individual or groups wishing to start a child care program need to know the following:

- how many families want or need child care
- the number and ages of children who need child care
- where parents prefer to go for child care (close to home or near work)
- what hours would be most convenient
- what kinds of experiences are desired for children
- what fees are considered feasible
- what services may be needed (infant care, school-age care, etc.)

Several approaches can be taken to gather this information. State or local agencies that keep population records are most helpful. For example, the city's planning office or the United Way planning office will often have information on the characteristics of the population.

A needs assessment survey can be developed and conducted by mail or phone. The survey form should be clearly worded and responses easily indicated. The number of people surveyed depends on the time and financial resources available. However, the more people who respond to the survey, the more useful the findings will be.

The population surveyed will depend on one of two things. First, if the individuals starting the program already have a specific type of program or service in mind, they will want to survey a large portion of the city or region. In this way, they will be able to locate the population area where the program will have the best chances for success. Second, if the center location has already been decided upon, the survey might be conducted in that area alone. In this case, the survey should

help decide what type of program or service will be most successful in the given area.

The needs assessment, or market analysis, conducted before a program begins is one way to help ensure program success. Failure to find out if the people in the area need child care can lead to the downfall of an otherwise well planned program. For an established program, needs assessment can help determine program changes. For example, based on changing needs of the population, a program for preschoolers might be expanded to include an infant/toddler and an after-school program.

The Licensing Process. State governments are responsible for child care licensing and registration. Some states give part of this responsibility to city governments. The process of licensing varies within state governments. In many states, the licensing agency is the Department of Human Services. In other states, licensing may be done through the Department of Health, the Department of Education, the Department of Protective and Regulatory Services, the Office for Children, or some other branch of state government. In Texas, the licensing agency is the Texas Department of Protective and Regulatory Services.

Child care licensing standards also vary widely from state to state. In general, licensing standards are set to protect children's physical health and safety and to aid their physical, social, emotional, and cognitive development. Developmental standards are harder to enforce than health and safety standards. Therefore, states may use other ways than licensing to maintain standards. These methods may include ***fiscal*** (funding) regulations, accreditation recognition, and training requirements for child care workers.

The process of getting a new license for a child care center can be long and complicated. In some states, it takes about one year before a new license is approved. The time for Texas is usually three to six months. Licensing usually involves zoning and building code requirements and local and state fire, safety, and sanitation standards. Inspections of the site must be made by groups that set and enforce these standards. Reports must be written, distributed, and filed. Any problems existing must be given enough time for correction. Various reports must be coordinated, and a final on-site inspection must be made before the license is approved. A child care center license is usually approved for one to two years, depending on the state. Often a fee is charged.

In some states, certain types of child care programs do not need to be licensed. These include programs for religious instruction or situations where care is provided briefly, such as "Parents' Day Out." Programs under the control of other government agencies (such as military bases) or those provided by public schools may not require licensing. Some programs choose to be licensed, even though licensing is not required.

Provisional License - In most states, a center may begin to use a ***provisional*** (or conditional) ***license*** until all licensing requirements are met. This may be allowed if the licensing agency sees no danger to children. A center must usually submit a plan showing how any existing problems will be solved. A large majority of states allow one or more renewals of provisional licenses, if necessary.

Inspections and Complaints - To ***revoke*** a license means to remove it. A license cannot be revoked without due process. ***Due process*** is a legal term that means certain procedures must be followed. Due process rights mean that the center must receive written notice of all violations found in an inspection. Furthermore, the center can appeal a decision and may present its side at a hearing. Often, the licensing agency works with a center to correct violations. Except in emergencies, a center charged with license violations can operate until a hearing is held and a decision is made. A state can get an order from the court to close a child care center if children need protection from a severe threat to their health and safety.

Licensing Standards - Most states set minimum standards for operating a child care center. A ***minimum standard*** is the lowest acceptable condition the state will accept in a certain category. It is not the ideal standard. Licensing categories usually include staff qualifications, group size, and staff/child ratio. The ratio depends on the ages of the children and number of children in a group. Most states base ratios on the age of children enrolled. Required ratios of staff to children range from 1:4 for the youngest children to 1:26 for the oldest children. In all cases, each child must have a caregiver responsible for and aware of his or her habits, interests, and special needs. The caregiver must know the child's name and age. Table 25.1 provides the 1999 minimum standards for staff/child ratios in Texas.

Exceptions to the guidelines given in Table 25.1 are allowed at nap times, forty-five minutes after opening, and forty-five minutes before closing the center. At these times, children older than eighteen months may be grouped together with fewer staff responsible for more children. Check state regulations for specific information on these exceptions.

Group Size - Recent studies have shown that group size is a major factor in the quality of child care programs. However, most states do not include group size in their licensing standards. For states including group size, maximum group size ranges from about six for younger children to around twenty-five to thirty-five for older children. Larger groups are usually allowed at arrival and departure times, meal times, nap times, and for special activities, such as playground time or field trips. Texas minimum standards (1999) for group size are listed indicated in Table 25.1.

Table 25.2 provides the maximum group size standards according to age and the minimum staff/child ratios for child care programs. These standards are set by the National Association for the Education of Young Children (NAEYC).

Staff Qualifications - All states, to some extent, regulate the qualification of staff. Age, education, and experience are usually specified in minimum standards with requirements varying widely. In some states, there are no requirements for persons who are not administrators. Standards for staff qualifications in three different levels of child care employment are discussed in Chapter Two. Most states require the center to provide orientation periods for staff and some states are requiring preservice training. Personnel are usually required to participate regularly in specialized child care training. Training required and acceptable topics of training are found in state minimum standards.

Record Keeping - Licensing standards in most states require that written records be kept for each child. Health reports, information about parents, and emergency names and telephone numbers are usually included in

TEXAS STAFF/CHILD RATIOS

INFANTS			
Age of Youngest Child (months)	**Maximum Number of Children**	**Minimum Number of Staff Members**	**Maximum Group Size**
0-11	4	1	10
0-11	10	2	10
12-17	5	1	13
12-17	13	2	13
PRESCHOOL AND SCHOOL-AGE CHILDREN			
Age of Youngest Child	**Number of Children**	**Maximum Number per Staff Member**	**Maximum Group Size**
18 months to 23 months	more than half	9	18
	less than half		
2 years	more than half	11	22
	less than half	13	26
3 years	more than half	15	30
	less than half	17	34
4 years	more than half	18	35
	less than half	20	35
5 years	more than half	22	35
	less than half	24	35
6 years and older	—	26	35

⇨ Table 25.1

the requirements. Some states have very specific requirements about records that must be kept. Refer to the earlier section in this chapter for details of record keeping procedures.

Personnel records are also a licensing requirement in most states. Texas standards require that a child care center must keep staff attendance records for the previous three months. The hours each staff member works must be recorded. In addition, a center must have the following on file for licensing inspection:

- the date on which each staff member began work at the center
- a statement from each staff member and a criminal history report providing information about all felony and misdemeanor convictions and all pending criminal charges
- a record for each staff member of a tuberculosis examination no earlier than twelve months before beginning the position
- a copy of an application or other document showing how each staff member meets the required staff qualifications

Most states require that the child care license (or registration certificate) be posted where parents and visitors can easily see it. It is often required that a copy of the state's licensing standards and procedures and a

NAEYC STAFF/CHILD RATIOS

Age of Children	Maximum Group Size	Minimum Staff/Child Ratio
Infants	8	1/4
Two-year olds	12	1/6
Three to five-year olds	20	1/10
Six to eight-year olds	24	1/12

➪ *Table 25.2*

copy of the center's latest inspection report be available if a parent requests them.

Physical Space - The majority of states require at least 90 square feet of indoor space per child. In most states, this space cannot include areas such as halls, closets, kitchens, and bathrooms. The outdoor space requirements vary greatly. Most states allow for some alternative, such as nearby parks or playgrounds. When guidelines are given for outdoor space, the minimum standard is for approximately 80 square feet of outdoor space per child using the space at any one time. This is the requirement in Texas.

Equipment - Most states include a general statement about equipment in their list of minimum standards. For example, Texas' minimum standards require that the center provide indoor and outdoor equipment. Materials appropriate to the developmental needs, individual interests, and ages of children are also required. There must be enough equipment and materials to avoid competition among the children or long waits for materials.

Nutrition - The length of a child's daily stay in child care determines the proportion of nutrition to be provided by the center. In general, if a child stays four hours or less per day, one-third of the child's daily food intake must be provided by the center. One mid-morning snack and lunch are adequate for a child who stays during the morning hours. For a child who stays at the center beyond four hours per day, as much as two-thirds of the child's recommended daily food intake may have to be provided.

Licensing standards generally require that menus for meals and snacks be planned and posted in advance. All meals and snacks for one day must have a balance of the basic food groups: vegetables and fruits, milk and milk products, breads and/or cereals, and meat and/or alternate protein.

Safety and Sanitation - Child care licensing standards for safety and sanitation usually conform with the public safety laws and public health laws for the state. State fire, safety, and health standards must be met before a new license is granted. Inspections are made

by local or state fire, safety, and health officials. After the first inspections, routine inspections are made each year or more often if a complaint is filed. The child care licensing agency must have a certification of approved inspections on file before a child care license is renewed.

Policy Making

The director of a child care program writes policies and procedures for operation of the center. The board of directors reviews and approves the suggested policies and procedures. Employees should be asked to provide input since they are involved in the day-to-day operation of the center and are instrumental in implementation of policies and procedures. Published policies and procedures also help protect the child care center and the program director from liability. Policy review should be conducted regularly, especially during the beginning phases of a program. Some general guidelines for policy making are listed below.

- Policies should reflect the goals and purposes of the child care program.
- Policies should apply to the day-to-day working situation.
- Persons affected by policies should be encouraged to give feedback about those policies.
- Policies should be written in positive terms.
- Policies need to be carefully written so that all are understandable.
- Policies need to be distributed in an orderly written manner.
- Policies should be reviewed from time to time to determine if they still apply.

Accreditation of Child Care Programs

Accreditation is a nonlicensing method for developing quality child care. Accreditation standards are usually higher than the minimum standards used by licensing agencies. Accreditation "suggests" a higher quality of care than licensing, but it does not take the place of licensing.

Accreditation is generally done voluntarily and involves the certification by an accrediting group that the program meets high standards. The accrediting group may be public or private. Its members may be operators of child care facilities, child care training professionals, or parents. Accreditation of child care programs was introduced by the National Association for the Education of Young Children in 1985.

The leader in voluntary accreditation is the National Association for the Education of Young Children (NAEYC). NAEYC accreditation is done through the National Academy of Early Childhood Programs (a branch of NAEYC). NAEYC trains persons who make on-site visits to validate information provided in reports submitted by child care centers.

◆ Essential Questions: ◆
Responsibilities of the Child Care Program Director

1. What steps can a child care program director take to help assure that child and family records are kept private?
2. What are some of a child care program director's responsibilities to the board of directors?
3. What guidelines should be followed in creating child care policies and procedures?

BEST COPY AVAILABLE

Chapter Highlights

- ☆ The child care center director is the administrator, or leader, of the child care program. Successful child care directors develop a leadership style based on working situations and their own personalities. The most effective leaders tend to have a high regard for employees, as well as the work to be done.
- ☆ Management involves five basic functions: planning, organizing, implementing, evaluating, and communicating. Child care directors will find themselves involved daily in each of these functions.
- ☆ The child care director is responsible for curriculum facility, personnel, food service, finances, and community relations. Record keeping is an important function in each of these areas.
- ☆ In addition to other duties, the director must create and maintain a positive working environment. This includes maintaining a good relationship with the board of directors, if applicable.
- ☆ Starting a new child care program involves many weeks and months of planning and implementation. Steps in starting a new program are taken with licensing requirements in mind.
- ☆ In the child care profession, assessment of a community's needs for child care is often called a needs assessment. A needs assessment conducted before a program begins can help ensure program success. For an established program, needs assessment can help determine program changes.
- ☆ Most states set minimum standards for operating a child care center. A minimum standard is the lowest acceptable condition the state will accept in a certain category. Licensing usually include staff qualifications, group size, and staff/child ratio. Other factors related to licensing include record keeping, physical space, equipment, nutrition, and safety and nutrition.
- ☆ The director of a child care program writes policies and procedures for operation of the center. The board of directors reviews and approves the suggested policies and procedures. Employees should be asked to provide input since they are involved in the day-to-day operation of the center.
- ☆ Accreditation is a nonlicensing method for developing quality child care. Accreditation standards are usually higher than the minimum standards used by licensing agencies.

Chapter 26

Food Service Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 1C Demonstrate effective management skills.
- 1D Identify the chain of command and responsibilities of each employee.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.
- 6A Determine the role of following food guidelines in promoting children's health.
- 6B Plan attractive nutritious snacks and meals.
- 6C Demonstrate safe and sanitary food handling practices.
- 6D Propose dietary modifications for special diet needs.
- 6E Develop strategies for creating a relaxed mealtime routine.

Chapter Vocabulary

anemia
ascorbic acid
B vitamins
cafeteria service
calories
carbohydrates
cycle menus
Dietary Reference Intakes (DRI)
empty calories
family service
fats
Food Guide Pyramid
Food Guide Pyramid for Young Children
menus
minerals
nutrients
plate service
protein
Recommended Daily Allowances (RDA)
Vitamin A
Vitamin C
Vitamin D
vitamin deficiency
vitamins
water

FOOD SERVICE AND NUTRITION

One important responsibility of a child care director is seeing that nutritious meals and snacks are served. Local rules and state licensing standards guide the director in this important task. If a center receives funds from an outside source, the guidelines of the funding agency must also be followed. Food service rules and guidelines are used to protect children and should be strictly followed.

Rules are included on the kinds and amounts of foods to be served. For example, Texas minimum standards state that children in care for seven or more hours per day must have food available that meets at least one-half of their daily nutritional needs. The guidelines also specify how food service equipment must be sanitized. Local health and food service codes and regulations must be followed.

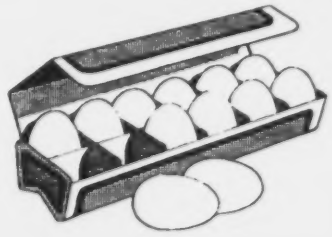
A great deal of planning goes into child care food service. The director of a new program should contact the state licensing agency and local health department for information. Once a program is underway, the director must continue to monitor the program to be sure standards and regulations are met. Other factors also affect food service; including the child care center's budget and the wishes and cultural preferences of the children's families. However, meeting the children's nutritional needs is the most important factor in planning.

Nutrition

Nutrition includes the food eaten and the way the body uses the food. Directors need to understand basic nutrition in order to plan nutritious meals and snacks. Other caregivers should understand basic nutrition in order to promote good nutrition to the children in their care.

Nutrients are chemical substances found in foods that are needed by the body to live. Nutrients help the body function. The six essential nutrients needed by the body include proteins, carbohydrates, fats, vitamins, minerals, and water. Most foods contain several nutrients. For example, some meats contain the mineral iron as well as protein and fat. Foods vary in the amount and type of nutrients they contain. For this reason, children (and adults) must eat a variety of foods to be sure they get enough nutrients. Food service staff should use food preparation and serving methods that preserve the nutritional value of foods.

Protein. ***Protein*** plays an important part in several body processes. Two functions of protein are the repair of damaged tissue and the growth of new tissue. During times of fast growth, the body needs more protein. These periods include infancy, adolescence, and pregnancy. Good sources of protein include milk, cheese, eggs, meats, nuts, beans, and peas.



Carbohydrates. ***Carbohydrates*** are the body's main source of energy. The body needs energy for voluntary functions (functions which a person can control). Talking, walking, and running are voluntary functions. The body also needs energy for involuntary functions (functions a person does not control).

Digestion and breathing are involuntary functions. Foods containing sugars and starches are good sources of carbohydrates. Sugars are found in fruits, honey, and foods that contain sugar. Starches are found in breads, noodles, cereals, and some vegetables, such as potatoes and corn.

Fats. ***Fats*** are a concentrated source of energy. In the body, fats store unused energy and help in the use of certain vitamins. Fats are found in both animal and plant cooking oils, butter, and nuts.

Foods rich in the two energy nutrients, carbohydrates and fats, generally contain many calories. ***Calories*** are the measurement of the amount of energy available in foods. All foods have some calories. Some foods have more than others. When more calories than the body needs are eaten, extra energy is stored in special fat cells in the body until needed.

Vitamins. ***Vitamins*** are nutrients needed by the body in small, specific amounts. A person may develop a ***vitamin deficiency*** and become ill if the body does not get enough of a certain vitamin. A well-balanced diet supplies vitamins in the proper amounts. Each type of vitamin helps the body in one or more specific activities. Some of the vitamins and their functions are described in the following paragraphs.

Vitamin A promotes healthy skin and vision as well as normal growth. A lack of vitamin A can cause night blindness. In young children, lack of vitamin A can cause a serious delay in bone growth. Good sources of vitamin A include yellow and leafy green vegetables, such as carrots, sweet potatoes, and broccoli. Vitamin A is also found in milk, liver, egg yolks, butter, and fish oils.

Vitamin D helps the body use minerals needed for bone and tooth development. When bones are forming and hardening, a lack of vitamin D may result in bowed legs. Vitamin D is formed in the skin when sunlight is absorbed through the skin. However, it is difficult to get enough vitamin D from exposure to the sun. For this reason, most milk has vitamin D added to it. This milk is called "fortified milk." If a person drinks the recommended amount of fortified milk, the requirement for vitamin D will be met.

The ***B vitamins*** include several related vitamins. B vitamins are important in the breakdown of carbohydrates, fats, and proteins during digestion. Four of the most common B vitamins are riboflavin, niacin, thiamin, and folate. Individual B vitamins may serve other specific functions in the body. For example, thiamin has a number of important functions. It helps the body release energy from food . Thiamin forms part of the coenzymes needed for the breakdown of carbohydrates. It also promotes normal appetite and digestion. Too little thiamin may cause nausea, apathy, and loss of appetite. Sources of the B vitamins include liver or other organ meats and enriched or whole grain breads and cereals.

Vitamin C, or ***ascorbic acid***, helps the body use some minerals. It also plays an important part in the healing process as new tissue is formed. Signs of vitamin C deficiency include bleeding or swollen gums, slow healing of injuries, and a poor appetite. Vitamin C cannot be stored in the body. For this reason, it is necessary to include a source of vitamin C in the diet every day. Good sources of vitamin C are oranges and other citrus fruits as well as cabbage, cauliflower, and tomatoes.

Minerals. ***Minerals*** help to regulate body processes. In addition, specific minerals can play a variety of roles in body functions. For example, calcium and phosphorus are

especially important for bone growth and hardening, as well as for the formation of teeth. Good food sources for calcium and phosphorus include milk, cheese, and foods made from milk or cheese. Another mineral, iron, is necessary for healthy blood. A lack of iron can cause ***anemia***. An anemic person may be pale, have a poor appetite, and be tired much of the time. Meats (especially liver), spinach, and dried fruits are good sources of iron.

Water. The last essential item to any diet, ***water***, makes up about 60 percent of the body. Blood and all body cells contain water. Foods and liquids supply water in the diet, but drinking additional water is important to good health. Recent research indicates water promotes the development of neurotransmitters in the brain. This has a direct effect on learning.

Guidelines for Planning

Careful planning is needed to make sure enough nutrients are included in the diet. The United States Department of Agriculture (USDA) has developed the ***Food Guide Pyramid for Young Children*** (Figure 26.1) and the ***Food Guide Pyramid*** (Figure 26.2) to help in planning menus. The guides categorize foods into six categories. These six categories include the following:

- bread, cereal, rice, and pasta
- vegetables
- fruit
- milk, yogurt, and cheese
- meat, poultry, fish, dry beans and peas
- fats, oils, and sweets

In planning menus for young children, it is also important to consider the appropriate food portions. Table 26.1 shows the appropriate food portions for young children (ages two through six).

Nutrition Standards

The Food and Nutrition Board of the National Academy of Sciences was established in 1940 to study issues of national importance pertaining to the safety and adequacy of the nations' food supply, to establish principles and guidelines for adequate nutrition, and to render authoritative judgment on the relationships among food intake, nutrition, and health, at the request of various agencies. One of the Food and Nutrition Board's first actions was to publish the first edition of the ***Recommended Daily Allowances (RDA)***, based on scientific data of the nutrients needed to ensure adequate nutrition for people in the United States. The RDA are a set of nutrient standards established for the maintenance of good nutrition. These standards are based on the energy and nutrients needed for good health and that reduce the risk of chronic disease.

Since the establishment of the RDA, scientific knowledge related to nutrition and health has increased dramatically. This new knowledge includes findings that show the interrelationship of diet, nutrition, and many chronic diseases. Therefore, the Food and Nutrition Board, in partnership with Health Canada has created ***Dietary Reference Intakes (DRI)*** to refer to three types of reference values used to determine nutritional adequacy. The RDA is one of these reference values. The other two are known as *Estimated Average Requirement (EAR)* and *Tolerable Upper Intake Level (UL)*. This new information will assist dietitians, physicians, nutritionists, and other professionals in designing dietary plans that work in concert with other health practices.

Nutrition Related to Growth and Development

Nutrition plays an important role in the growth and development of children. When

Food Guide Pyramid for Young Children

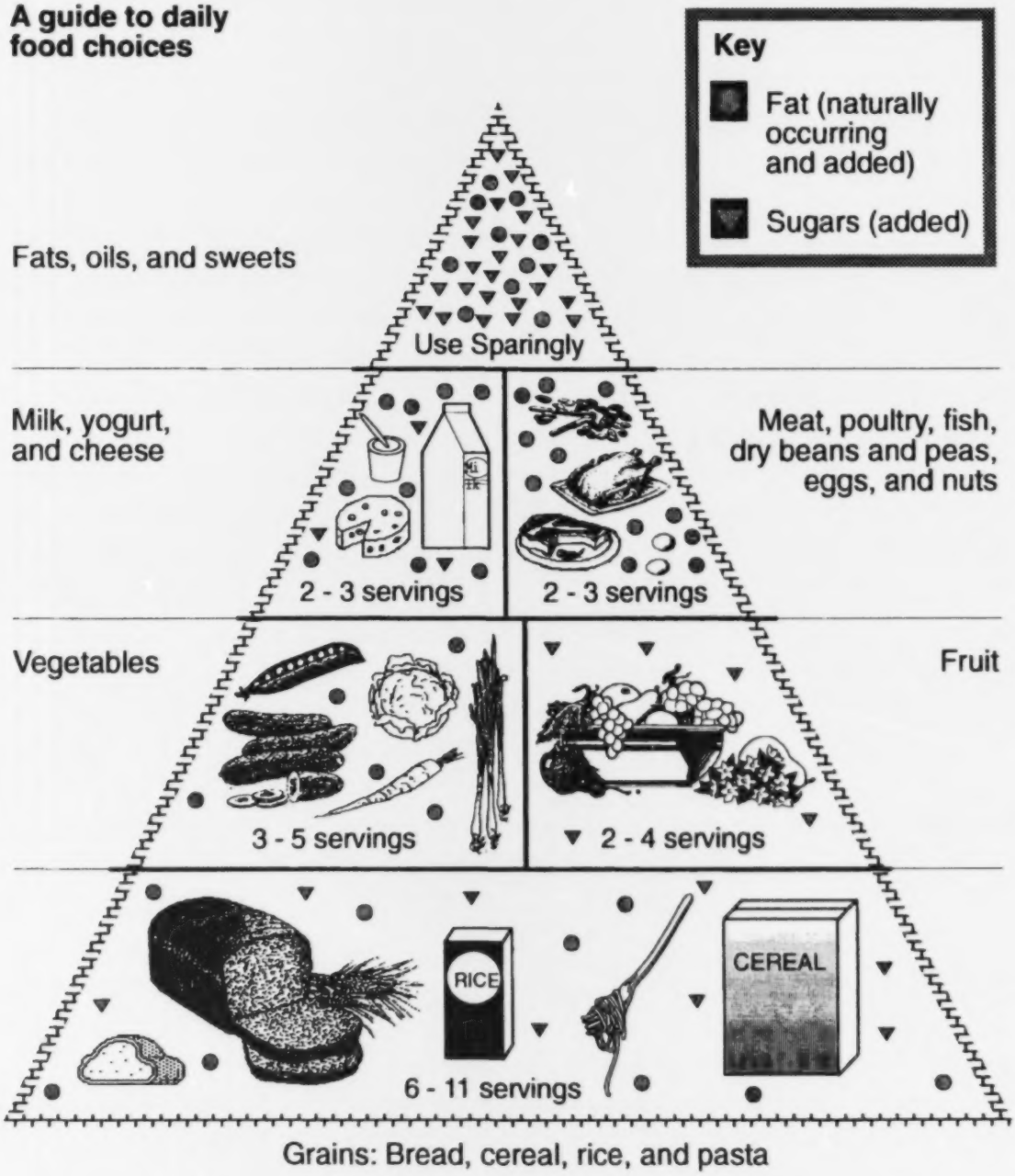
2 to 6 Years Old

Source: USDA Center for Nutrition Policy and Promotion.

Figure 26.1

BEST COPY AVAILABLE

Food Guide Pyramid



Adapted from: "The Food Guide Pyramid," Home and Garden Bulletin No. 252, United States Department of Agriculture Human Nutrition Information Service.

➪ *Figure 26.2*

Food Portions for Young Children

Portion Guide

Food group	Servings per day	Serving size
Milk	2	1 c. milk 1 oz. cheese 1 c. yogurt 1/2 c. ice cream
Meat	2	3 oz. meat, poultry, or fish 1/2 c. dried beans or peas 1 egg
Fruit	2	1 medium banana, orange, apple, etc. 1/2 c. cooked or canned fruit 3/4 c. fruit juice
Vegetable	3	1/2 c. raw, cooked, or canned vegetables 1 c. leafy raw vegetables
Grain	6	1 piece bread 1/2 c. cooked cereal, rice, or noodles 3/4 — 1 c. ready-to-eat cereal

Source: (Food Guide Pyramid, USDA) *Texas Child Care*/Fall 1999.

➪ ***Table 26.1***

nutrition is adequate, children grow and reach their normal height and weight. At the same time that children grow physically, they also develop skills in the social, emotional, and cognitive areas. Good nutrition is essential for children to reach their levels of development in all areas. Throughout childhood, nutritional needs will be influenced by rates of growth and development.

During the first year of life, a child's growth rate is faster than at any other time. A child's birth weight usually triples within the first year. Nutritional needs are great and are first met by milk, either breast milk or commercial formula. Later, an infant needs a wider variety of nutrients.

By the age of three months, the infant's natural supply of iron begins to run out, so the infant then needs iron in the diet. This can be supplied through iron supplements or iron-fortified cereals. By the age of six months, the infant's nutritional needs require solid foods. Directors and teachers should work with parents in meeting the nutritional needs of infants.

During the second and third years of life, growth rates vary. At times, the rate is slower and the child may have a smaller appetite. However, the need for a wide variety of foods to supply all needed nutrients is essential. Using the USDA Daily Food Guide to plan for a variety of foods will help caregivers meet the nutritional needs of most children.

When children fail to receive the proper variety and amounts of foods, they can develop dietary problems. Common dietary problems among children include tooth decay and obesity (being severely overweight). Either of these problems can result when the diet contains too many empty calories. ***Empty calories*** describe food that contains few nutrients. For example, candy, soft drinks, sugarcoated cereals, and salted chips are high in calories but low in nutritional value. A person increases the risk of cavities when too many foods containing sugar are eaten.

When the body takes in more food than is needed, obesity can result. Sometimes obesity begins in infancy when parents believe that fat babies are healthier babies. Actually, being overweight in infancy may lead to a long struggle against obesity and increased risk of disease.

◆ *Essential Questions:* ◆
Food Service and Nutrition

1. How would you describe the child care program director's role in child care food service?
2. What categories of food are included in the Food Guide Pyramid? What source of information gives serving sizes and recommended numbers of servings per day for each of the essential good groups?
3. How does the Food Guide Pyramid for Young Children differ from the Food Guide Pyramid?
4. What is the role of nutrition in the physical, emotional, social, and cognitive development of children?

MENU PLANNING, PREPARATION, AND SERVICE

The written plans for meals and snacks are called ***menus***. Often, the menus of the child care center are prepared by the center director or a nutritionist. However, better menus can be planned if several people are involved. Whatever the planning process, menus must be based on the Food Guide Pyramid and the RDA.

A menu planning committee can include the center director, a nutritionist, the cook, a caregiver, and a parent. Each of these people contributes important information to menu planning. The group can meet about four times a year or once a season. A set of menus called ***cycle menus*** can be prepared at each meeting. Each set of menus focuses on a season of the year and is made up of three or four weekly menus. During the season, the cycle menu is repeated. Such planning allows for meals and snacks to be economical, nutritious, and easily prepared.

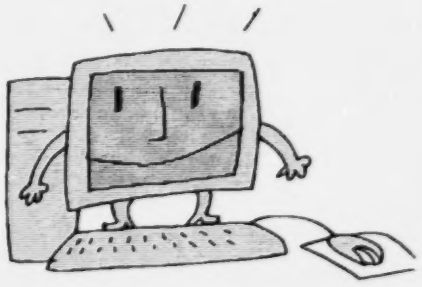
A child care center's menus should reflect the cultures of the children in the program. For this reason, it is a good idea to involve parents in menu planning. Serving a familiar cultural dish makes children feel comfortable, helps their self-concepts and encourages positive feelings about individual differences. Involving parents in menu planning makes the director aware of ethnic, regional, and economic patterns affecting children's eating habits.

State licensing standards usually require that menus be posted in advance for parent's viewing. Full-day programs usually provide the noon meal and a morning and afternoon snack. The daily schedule should allow two hours between meals and snacks. Children should not be allowed to nibble throughout the day. Any menu substitution must be of comparable food value and should be recorded on the menu. Menus must be kept on file at the center for a specific length of time, generally about one month. Most centers require the written approval of a physician or a registered or licensed dietitian for special or therapeutic diets.

Purchasing and Storing Food

Food service costs are a major part of the budget in a child care program. Few programs can afford to waste money through poor purchasing practices. A director not familiar with quantity food purchasing will need assistance from someone who has experience. A well-trained and experienced cook can also be of assistance.

The type, quantity, and quality of food to buy depends on the number of and ages of children to be served, the menu, available storage, and the budget. The overall goal is to purchase quality products for a reasonable price. A useful resource is the USDA publication, *Food Buying Guide for Type A School Lunches*. The guide provides charts which help the food buyer decide how much food to buy to serve a certain number of children.



Wise business practices should be followed in purchasing. Some food purchasing guidelines are listed below.

- **Identify items to be purchased.** Always start with the menu when planning food purchases. Consider how and when the items will be used. Know how much storage space is available.
- **Use the amount on hand as a basis for deciding how much to order.** Inventory records should show how much of each

item is on hand. Sometimes the storage area is arranged in such a way that checking inventory is quick. If canned goods are arranged in groups of fives, it is easy to count the number of cans on the shelf.

- **Let past and expected use guide you.** Accurate purchasing records can show how quickly items are used. Make projections based on these records to know how much to order.
- **Buy for a set period of time.** This helps prevent overbuying or underbuying.
- **Keep inventory as low as possible.** A large food supply may result in loss of quality, pilferage, waste, excessive labor for handling, errors in inventory and record keeping, and tying up funds needlessly.

- **Order to specification.** Compare both quantity and quality of items needed.
- **Buy the quality needed at the lowest cost.** Compare prices from several sources. Compare end cost of items in several forms (raw, semi-prepared, convenience) and grades. Higher purchase costs may actually result in lower end costs for some items.
- **Beware of bargains.** Consider end cost as well as purchase price when comparing items. Sometimes that "special deal" results in poor quality food items.
- **Deal with reliable and reputable suppliers or purveyors.** Get to know the suppliers in your area. Develop mutually satisfactory relationships with the suppliers you decide to use. Representatives of the supply companies can often be of help in food purchasing.
- **Purchase locally from a few suppliers.** Purchasing from local suppliers makes communication easier. It is also easier to obtain food or supplies in case of emergency. Do not try to deal with too many suppliers.

Care must also be applied to receiving and storing food. When food orders arrive, someone should immediately and carefully check the delivery. The delivery should match the actual order. The condition and quality of the items should be checked as well. Items of poor or questionable quality should be returned.

After a delivery is accepted and necessary records made, items are properly stored. Foods are stored in one of three ways: dry storage, refrigerated storage, or freezer storage. Dry storage includes such items as canned goods, cereals, pasta, bread, cookies, and crackers. Refrigeration is needed for fresh produce, dairy products, and meats. Freezer storage is needed for frozen foods, such as fruit juice concentrates. Requirements for temperature control in each area must be met. A thermometer placed in each of the three areas helps to assure safe storage.

Equipment

Equipment needed for food service in a child care program depends mainly on the number of children to be served. Programs serving less than thirty children can use the type of equipment used in homes. Programs serving more than thirty children should use commercial equipment.

An important concern of program planners when designing and equipping a kitchen is meeting all state and local safety regulations. Contact with local authorities early in the planning stages is important.

To prepare meals and snacks in a child care center, the following basic equipment is needed:

- range with oven
- ventilating system over cooking equipment

- refrigerator and freezer
- hand sink
- three-compartment dishwashing sink
- work tables or counters
- shelving for dry storage

In addition, small pieces of equipment like cutlery, measuring equipment, utensils, pots, pans, and mixing bowls are needed. To determine small equipment needs, examine menus and recipes that will be used. For each food dish, list all equipment that will be needed to prepare it.

When purchasing large equipment, it is a good idea to make a list of "specifications" or features that are desired in each piece of equipment. A list of specifications should be submitted to several suppliers to obtain bids. The suppliers will respond with a description of their product that meets specifications and a price. In this way, the best equipment at the best price can be purchased.

Sanitation

Sanitary food handling and storage practices are necessary in a kitchen where food is prepared for young children. Such practices are designed to prevent the spread of food-borne illnesses.

Bacteria which causes illnesses, such as salmonella and staphylococcus, grows best in warm temperatures between 41°F-140°F. To prevent the growth of harmful bacteria, hot food should be kept at temperatures above 140°F and cold food should be below 41°F until served.

Staff members working in child care food service must meet the health requirements specified by local and state health agencies. They must also follow sanitary food preparation, serving, and storage practices. The food service employee should abide by the following guidelines:

- Be well-groomed.
- Wear a clean apron each day.
- Keep hair covered.
- Wash hands before handling foods. Use soap and water and a brisk scrubbing motion when washing and a fresh paper towel for drying.
- Use sterile plastic or latex gloves when a cut is on the hand.
- Cough or sneeze away from foods, covering mouth and nose; wash hands afterwards.
- Wash hands after using the toilet.
- Refrain from touching the face, mouth, nose, or hair while preparing foods.
- Refrain from licking fingers while preparing food.
- Use a separate spoon for tasting and wash that spoon before using it again.
- Refrain from preparing food when ill.
- Use clean utensils to prepare and serve foods.
- Pick up glasses at the base without touching the rim.
- Pick up silverware and utensils by the handles.
- Keep work surfaces clean.
- Store all foods properly and promptly.
- Thoroughly clean and sanitize all cooking equipment, cooking and storage areas, eating utensils and dishes, and floors.

These guidelines are only a few of the practices that persons working with food should follow. The director is responsible for setting food preparation guidelines to make sure that all food is prepared under sanitary conditions. The director should also observe staff working with food to be sure that the guidelines are followed strictly.

Mealtime Practices

The way in which food is served is another decision that is made during the planning stages of a child care program. Children may eat in their classrooms or in a

special dining area. In all cases, furnishings and utensils should allow children comfort and as much independence as possible. Chairs and tables for preschoolers should allow children to reach the table comfortably with their feet touching the floor. Eating utensils should be child-sized. Infants and toddlers require special feeding arrangements. Table 26.2 lists mealtime practices in a child care setting.

Meals may be served with plate service, cafeteria service, or family service. In ***plate service,*** caregivers fill the plates and place them on the tables. In ***cafeteria service***, children fill their trays from a cafeteria line and carry them to their tables. Children gain independence when family-style meals are served. This style of service is best for children age two and above. In ***family service***, small bowls and platters are filled with food and placed on the table. The dishes are passed around the table and children serve themselves. The style of service chosen depends on the space available, the goals and objectives of the child care program, the number of caregivers, and the preference of the director.

The emotional atmosphere during meals is also important. Caregivers should create a relaxed and pleasant atmosphere for casual conversation. Instances when a child refuses to eat or food is spilled should be treated calmly. Children should be encouraged but not forced to eat. Mealtimes should be enjoyable experiences in which children learn by following positive examples of caregivers. The director should set clear guidelines for caregivers and provide appropriate equipment for eating.

◆ Essential Questions: ◆
Menu Planning, Preparation, and Service

1. What guidelines are used for child care menu planning?
2. What are cycle menus? Explain their use in child care food service.
3. Why is it important to keep foods at the proper temperatures?

MEALTIME PRACTICES IN A CHILD CARE SETTING

Infant
Requires flexible feeding schedule; eats more frequently Fed with caregiver's assistance Fed individually Sits in infant seat, high chair Drinks liquids from a bottle while held by the caregiver Learns to swallow and chew; strong sucking response Uses fingers in feeding self Foods are puréed Eats small portions Eats some finger foods New foods introduced one at a time Prefers mildly flavored foods; foods are kept separate
Toddler
Needs scheduled meals and snacks Enjoys self-feeding with occasional assistance Eats with the group, family style with some dishes Sits at a low table with child-sized chairs Starts to use a cup Can chew and swallow; may not chew well Learns to use a spoon Foods are served in small bits Appetite may fluctuate Enjoys finger foods Eats a variety of foods except foods which can cause choking Increases preferences for different flavors, enjoys some food combinations
Preschooler
Needs scheduled meals and snacks Enjoys self-feeding Eats with the group, family style Sits at a low table with child-sized chairs Uses a cup or glass well Chews food well Uses spoon or fork well Foods are bite-sized Appetite may fluctuate; goes on eating sprees Enjoys finger foods Eats a wide variety of foods Can eat most foods enjoyed by adults

↩ *Table 26.2*

Chapter Highlights

- ☆ The child care program director is responsible for seeing that nutritious meals and snacks are served according to local rules, state licensing standards, and funding agency guidelines.
- ☆ Nutrients are the chemical substances found in foods that are needed by the body to live. The six essential nutrients needed by the body include proteins, carbohydrates, fats, vitamins, minerals, and water.
- ☆ The Food Guide Pyramid for Young Children and the Food Guide Pyramid categorize foods into six categories. A variety of foods within each category should be selected. Eating too many fats and sweets should be avoided.
- ☆ The USDA Recommended Daily Allowances (RDA) give serving sizes and recommended numbers of servings per day for each age group. Texas minimum standards require that a child in child care for seven or more hours per day have food available that meets at least half of their RDA.
- ☆ Adequate nutrition helps children grow and reach their normal height and weight. As children grow physically, they develop skills in the social, emotional, and cognitive areas.
- ☆ When children fail to receive the proper variety and amounts of food, they can develop dietary problems. Common dietary problems among children include tooth decay and obesity.
- ☆ Child care menus must be based on the Food Guide Pyramid and the RDA. Planning cycle menus allows for meals and snacks to be economical, nutritious, and easily prepared.
- ☆ Wise business practices should be followed in food purchasing, receiving, and storing. The child care program director is responsible for overseeing these tasks and staying within the food service budget.
- ☆ Sanitary food handling and storage practices are necessary where food is prepared and served to young children. Such practices are designed to prevent the spread of food borne illnesses. To prevent the growth of harmful bacteria, food should be kept at temperatures above 140°F or below 41°F until served.
- ☆ Meal and snack time practices should encourage independence in children. The emotional climate during meal and snack time should be relaxed and pleasant. Children should be encouraged but not forced to eat.

Chapter 27

Financial Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Chapter Vocabulary

auto insurance
break-even analysis
budget
contributions
deductions
fire legal liability
general journal
general liability insurance
gross wages
in-kind contribution
justifications
monthly financial statement
net wages
operating budget
personal injury liability insurance
proposal
start-up budget
transaction
tuition fees
voucher system

The success or failure of a child care program often rests on the financial management skills of the director. Financial tasks include record keeping, budgeting, controlling costs, and ensuring a stable income. Becoming a good financial manager takes training and experience. Child care directors need to gain basic skills in financial management. Directors of large complex programs may need advanced accounting skills or help from experts. Teachers and caregivers need to be aware of and appreciate the financial responsibilities of the director.

FUNDING

Many sources of funding are available for child care programs. Some programs are funded through tuition fees. ***Tuition fees*** are the cost of enrolling children in a child care program and are paid by parents. Other programs receive most of their funds from government sources at the local, state, and national levels. Still other programs receive funds from charitable organizations.

Tuition Fees

Programs that depend on tuition fees must make enough money to cover program costs. Setting the right fee is an important task. One way to do this is called a ***break-even analysis***. This analysis involves finding out when costs and income balance. By trying different fee figures based on enrollment, the director can decide what fee is best. Fees are based on the following:

- community standards
- program reputation
- overall costs
- anticipated enrollment
- staff/child ratios
- state minimum standards
- special services to be offered

In setting fees, staff/child ratio must be considered. Assume the state minimum standard for a certain group of children is one caregiver to every six children. Then assume that eight children are enrolled in the program. In order to meet minimum licensing standards, two caregivers must be hired to care for the eight children. It is easy to figure that having six children enrolled (with one caregiver) or twelve children enrolled (with two caregivers) would allow the program to make better use of finances. However, there may not be twelve children in this age group who enroll at one time. Directors should make allowances to cover these situations.

Tuition fees are also influenced by the local child care market. Directors should learn what fees are being charged for similar programs in the community or in the area.

Contracts with parents are becoming more common. Some lawyers feel parent-provider contracts are essential. Such contracts spell out what is expected from both parties. For example, in a contract between parents and a child care program, the program agrees to be open certain hours and the parents agree to pay a certain fee each week. A sheet of rules or policies can be attached to the contract. These rules are also binding if mentioned in the contract.

Some directors might be reluctant to ask parents to sign a contract. However, most parents are glad to do so when they understand that such an agreement protects them also.

Whether parents sign a contract or not, legally they must pay fees for child care (unless fees are paid by the government or another agency). Directors need to be sure that fees are collected on time. Procedures should be developed for collecting late fees.

Some recommended strategies include the following:

- collecting fees in advance
- collecting an enrollment deposit
- setting penalties for late payments
- contacting parents immediately when they are late with fees
- having a policy for stopping child care when fees are late
- taking the case to small claims court

Other Funding Sources

Many nonprofit programs are funded by government agencies and charitable organizations. If a program plans to seek funding from these sources, the director may follow these guidelines:

- Check publications that list funding sources for children's programs. Many of these are available through the Superintendent of Documents at the U.S. Government Printing Office in Washington, D.C. Many states have funds available through their departments of social service, education, or rehabilitation.
- Identify specific funding agencies and request information about their funds and how they are awarded.
- Check local sources of funding. Check businesses and industries, schools, community development funds, and social service funds. Also check with organizations that are charitable or religious in nature.

Procedures for obtaining funding differ from one agency to another. However, some general rules apply. For example, a ***proposal*** (application) for funding usually has five parts. These parts are as follows:

- a needs assessment
- a program overview
- management information
- a budget
- a way to evaluate the program

Following the guidelines or rules of the agency is very important. If the application for funds is filled out incorrectly, the agency may not consider the application.

Once funded, a program may recover costs by billing the funding agency at the end of the month. In some cases, a lump sum is awarded and spent by the program as needed. Either way, care should be taken to follow exactly the procedures given by the agency. Accurate record keeping is very important.

◆ Essential Questions: ◆
Funding

1. What funding sources are available for child care programs?
2. What seven factors affect the amount of tuition fees?
3. What are the five parts of a proposal for funding?

RECORD KEEPING

All child care programs should have a well-organized system for financial record keeping. This system helps in dealing with the Internal Revenue Service (IRS) and possible funding agencies. A record keeping system can be simple as long as it is well organized, up-to-date, and consistent.

Financial record keeping systems can be organized in many different ways. Some programs hire experienced bookkeepers, full-time or part-time, who do all the financial work. Other programs hire accounting firms to set up bookkeeping systems. They also prepare annual reports and tax information. Many programs use computers with financial management software packages.

Other programs use a voucher system. In a ***voucher system***, all checks are written from a business checking account. Fees are received

and recorded. This information is submitted to an accounting firm that maintains all the records. All expenses must be recorded on vouchers (forms) for the accountant.

Some programs may not be totally responsible for financial records. These child care programs are part of a larger organization, such as a church, business, or university. In these situations, the director submits purchase requests for approval and reports all financial matters to a budget committee or administrative office.

In smaller child care programs, the director sets up and maintains the financial record keeping system. A single-entry bookkeeping system works well for smaller programs.

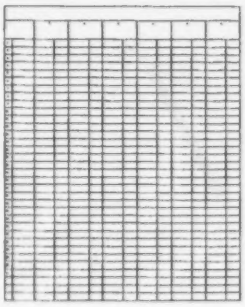
Single-Entry Bookkeeping

Several bookkeeping tools are used in the single-entry system. They include the following:

- a general journal
- a general ledger
- an income or parent fees ledger
- a payroll ledger

In addition to these financial books, the director needs a business checkbook, receipt book, and an adding machine or calculator with a paper tape. A filing system is also necessary. Special computer software is also available for financial record keeping. With any system, receipts, statements, invoices, and other records must be kept. These records document information in the journal and ledgers or on the computer. If a computer is used, it is important to have a back-up system.

In single-entry bookkeeping, each financial ***transaction*** or event is recorded first in a general journal. The ***general journal*** is like a diary. Every day, the financial events are written down as they happen with each event being described. The date and dollar amounts are recorded and account numbers are recorded. The account number tells the bookkeeper where to post a transaction in the ledgers. Every few days the information in the journal is posted to the ledgers. Figure 27.1 shows how the general journal might look.



The general ledger is divided into accounts, which are similar to items in the budget. For example, there are accounts for rent, food, equipment, and utilities. Some items in the budget, such as income and payroll, have separate ledgers. The parent fee ledger has a separate account for each family purchasing child care.

The payroll ledger has a separate account for each employee. The payroll ledger documents the deductions taken from each employee's paycheck.

In-kind contributions should also be recorded. An ***in-kind contribution*** is a non-cash resource that is donated to the program. Generally these include volunteer time, free use of building space, and supplies donated for children's use. In-kind contributions represent real funding for the program. They should be recorded with a dollar value so that true program costs can be determined.

With these bookkeeping tools, the director can keep track of income and expenses. Furthermore, resulting information can be used in planning and controlling costs.

Payroll

In a child care program, the largest cost is often salaries paid to employees. Preparing the payroll, keeping accurate payroll records, and reporting information to government agencies are important tasks.

DATE	DESCRIPTION	ACT. #	AMOUNT
4-3	B Martin, fee payment	146	55 00
4-3	Paid for plumbing Ck #507	251	75 00
4-3	L. Morrow, fee payment	240	55 00
4-3	Paid for electricity Ck #508	273	200 00
4-4	Telephone bill Ck #509	178	67 00
4-4	Paid T. Landers, Cook Ck #510	193	185 00
4-4	Grocery supplies, Ck #511	201	110 00

➪ *Figure 27.1*

Several steps are involved in preparing a payroll. First, each employee's gross wages are figured. ***Gross wages*** are the total wages before any deductions are taken out. This amount might be a set salary or it might be based on hours worked during the payroll period. Then payroll deductions and contributions are figured. ***Deductions*** are the required amounts taken from gross wages. Three common deductions are Federal Income Tax Withholding, FICA (social security), and Medicare. The amount to deduct for each can be calculated by using charts provided by the IRS.

Contributions from employees' gross wages are voluntary deductions. For example, employees may wish to participate in a group health insurance program or savings plan.

After deductions and contributions are added, this amount is subtracted from gross wages. The remaining amount is known as ***net wages*** or "take home pay." A payroll check is prepared for each employee. The stub attached to the payroll check shows the amounts subtracted from gross wages and for what purposes.

All of these financial transactions are recorded in a payroll ledger. From the payroll ledger, the bookkeeper also figures the total amount of money to be paid for the employee to state or government agencies. In this situation, the employer is acting as an agent for the employee in paying taxes.

Taxes are usually paid quarterly by the employer to the appropriate agency. For FICA (social security) and Medicare, the employer pays what was deducted from the employees' salary and a matching contribution. The local IRS office or Small Business Administration can give a director more information and help with these procedures.

Inventory

Keeping track of supplies and equipment can be done with inventory records. Inventory records serve several purposes. Records on major equipment can show serial numbers, purchase costs, and maintenance schedules. Inventory records of supplies in a classroom can show what is missing or in need of repair. Such a list can help in reordering materials and is essential for insurance claims submitted as a result of theft, fire, or natural disaster.

Consumable supplies, such as food, need to be inventoried (counted) regularly. Storage areas can be organized to make this an easy task. For example, a pantry with canned goods can be arranged for a quick check. All canned goods of the same kind can be grouped in fives or tens. The cook can tell at a glance how much is left by counting the groups.

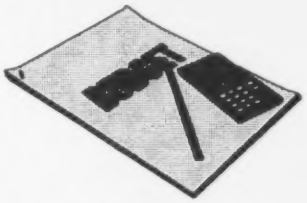
Inventory records also help the director in controlling costs. If an unusual amount of art supplies is missing, the director should find out why. It may be that some money-saving measures need to be taken to avoid wasting supplies.

A variety of methods can be used to keep inventory records. The director decides which will work best. The important point to remember is that inventory records need to be accurate and up-to-date.

Financial Control

Financial control is a challenging task for directors. In many ways, budgeting and controlling costs are a director's most important financial tasks. Without such control, a center may find itself in serious financial trouble.

Budgets. A ***budget*** is a financial plan. It tells how much a child care program expects to make and spend. Budgets help directors set fees, make decisions about spending, and control costs. In addition, budgets reflect the goals and objectives of the program.



Directors starting a new program develop a one-time budget known as a ***start-up budget***. Such a budget shows how much it will cost to set up the program. Once a program is underway, an ***operating budget*** is prepared to manage ongoing operations each year.

An operating budget is broken down into two basic categories: expected income and expected expenses. Income and expenses are further broken down into line items. Line items for income might include parent fees and fund raising activities. Line items for expenses include the following:

- salaries and benefits
- rent
- utilities
- supplies
- food
- equipment
- training

All expected costs and income should be included in the budget, including in-kind contributions.

If the program expects to make a profit, income must be greater than expenses. A non-profit program must show how income and expenses balance. A good rule of thumb when estimating income is to adjust for periods of low enrollment.

The budget can usually be shown on a single sheet of paper. Backup sheets may be provided to give details. For example, a salaries and benefits backup sheet lists all staff members and their salaries. In addition to backup sheets, a written explanation for expenses might be included. These explanations are known as budget ***justifications***.

The budget is an important tool. During the year, the director will refer to it many times. Analyzing the budget in relation to actual income and expenses is useful in controlling costs.

◆ Essential Questions: ◆
Record Keeping

1. What are different ways of organizing financial record keeping systems?
2. What tools are used in single-entry bookkeeping? Explain each.
3. What steps are involved in preparing payroll?
4. What is the difference between a start-up budget and an operating budget? How should a budget be constructed?

INSURANCE

Child care programs have several insurance needs. While some of these needs are required, others are optional. As mentioned previously, a child care business employer is responsible for employees' social security and income tax deductions. Employers are responsible for worker's compensation insurance and may be responsible for state unemployment insurance. Most employers will carry optional liability insurance.

Worker's Compensation Insurance

Worker's compensation insurance protects the employee who might be injured on the job. It pays for all medical bills and loss of salary until the employee is able to return to work. The rates are usually established by the state, but the insurance can be purchased through most insurance companies. Worker's compensation insurance is required in all states.

Unemployment Insurance

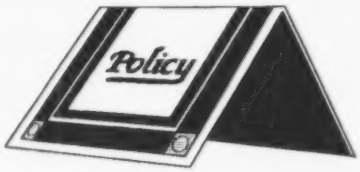
State unemployment insurance is required for all profit-making businesses. The employer's contribution of premiums is used to pay former employees who file for unemployment benefits. In some states, nonprofit corporations can decide not to pay premiums. Instead, they pay the actual cost of claims filed by their former employees.

Liability Insurance

As noted in Chapter Four, liability means being legally responsible for injury to a person. Every business tries to protect itself from liability and the financial results. The director or board of directors should review the child care program's potential for liability, analyze the liability coverage available, and policy cost.

When determining liability potential, areas of high risk and amounts of potential loss should be noted. In the areas where risk is high and potential loss is high, liability insurance is a must. For example, if children are often transported in cars for field trips, good auto insurance is essential. Several kinds of liability insurance can be purchased to protect a child care program from financial loss.

General liability insurance is designed to protect the program from loss due to neglect. Policies normally cover bodily injury, property damage, emergency medical expenses, and legal costs which might result. For example, if a caregiver left the room unattended and during that time a child was injured, the caregiver was negligent. Liability insurance could cover the costs involved. Care should be taken to cover the director and members of the board of directors in any general liability insurance policy.



Other kinds of liability insurance can be purchased to protect a program in areas that a general liability policy does not. ***Personal injury liability insurance*** would pay for damages from a lawsuit for libel or slander. ***Fire legal liability*** is fire coverage for programs that rent or lease a building. If a staff person caused a fire, the building owner's insurance would try to recover the costs from the person who caused the fire. Fire legal liability insurance would pay the insurance company, thus protecting the negligent employee.

If a child care program owns motor vehicles, they should be fully insured by auto insurance. The potential risk and cost of damages from auto accidents is high. Several types of coverage are available. Protection

ranges from bodily injury liability to uninsured motorist protection.

Attention should also be given to insurance coverage for parents, volunteers, and staff who use their own cars to transport children. Care should be taken to see that all drivers and their cars are adequately covered by their policies. It is even advisable for them to carry more insurance than normal. The child care program can also purchase insurance to protect itself when vehicles not owned by the center are used.

Other types of liability insurance exist for other kinds of potential liabilities. Decisions regarding the type and amount of coverage depend on the program's potential for liability and its financial resources. For example, some programs have dropped swimming and gymnastics programs because of the high cost of liability insurance. Remember that no matter how much is done to protect a child care program from liability, there are no guarantees. Some teachers and caregivers carry individual professional liability insurance, policies.

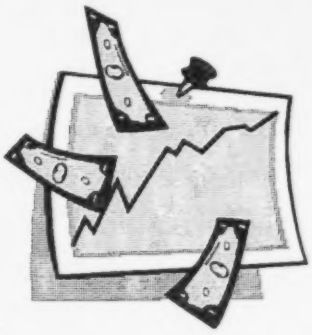
When considering the purchase of any kind of insurance, it pays to shop around. A director might find a policy with low premiums but discover that the coverage is limited. Another policy might cost a little more but offer greater benefits. All optional insurance purchased raises the overall costs of providing child care services.

◆ ***Essential Questions:*** ◆
Insurance

1. What three major forms of insurance are recommended for child care centers?
2. What types of liability insurance may be recommended for child care centers?
3. How should the director or board of directors determine insurance needs?

CONTROLLING COSTS

The most important thing a director can do to control costs is to watch cash flow. At the beginning of the fiscal year, the director prepares a "cash flow calendar." This chart shows income and expenses month by month for each budget item. The director can see in which months expenses will be more than income. For example, an insurance premium and quarterly taxes may be due in the same month. Total expenses for that month may be more than expected income. The director can limit expenses other months to make sure that extra cash will be available.



Another cost controlling measure related to cash flow is the ***monthly financial statement***. This statement is prepared at the end of each month by the director to show actual income and expenses for the year to date. This amount is compared to the amount that was budgeted. The cash flow calendar can be used to figure how much was to be made and spent by a certain date. The difference between these two figures tells the director how far finances are over or under the budget. The director can then take action to correct the situation, if needed.

Wise purchasing and use of supplies and energy are also important cost controlling methods. Equipment purchases should be made only after the director has compared prices. The goals of quality and reasonable price are possible if the director checks several sources. Supplies and energy are used

most effectively when the staff has an attitude of conservation. Everyone should be alert to the non-wasteful use of supplies and energy.

When it is necessary to cut costs, the director should examine the budget carefully. Larger budget categories are usually the best place to look. Many other strategies can help directors with financial control. Budgeting, watching cash flow, and conservation are three of the most important strategies to control costs. Job descriptions, personnel policies, parent-provider contracts, safety regulations, and staff training programs help protect the program and may lower liability insurance premiums.

◆ Essential Questions: ◆
Controlling Costs

1. What are examples of methods for controlling costs in a child care center?
2. What is a monthly financial statement? How does the director use it?
3. How can the caregiving staff assist in controlling costs?

Chapter Highlights

- ☆ Funding for child care centers may come from tuition fees; local, state, and national sources; or charitable organizations.
- ☆ Tuition fees are based on community standards, program reputation, overall costs, anticipated enrollment, staff/child ratio, state minimum standards, and special services to be offered.
- ☆ The five parts of a proposal for funding are a needs assessment, a program overview, management information, a budget, and a means for program evaluation.
- ☆ A record keeping system should be well-organized, up-to-date, and consistent.
- ☆ A voucher system requires that all expenses must be recorded on vouchers for the accountants.
- ☆ Single-entry bookkeeping involves use of a general journal, a general ledger, an income or parent fees ledger, and a payroll ledger.
- ☆ The steps involved in preparing a payroll are as follows: figure the employee's gross wages; figure payroll deductions and contributions; and subtract deductions and contributions from the gross wages, leaving the net wages.
- ☆ Three common tax deductions are Federal Income Tax Withholding, FICA (social security), and Medicare.
- ☆ Inventory records aid in reordering supplies, identifying missing equipment, and planning repairs.
- ☆ An operating budget is broken down into two categories: expected income and expected expenses. Income and expenses are further broken down into line items.
- ☆ Child care programs have several insurance needs. While some of these needs are required, others are optional.
- ☆ Budgeting, watching cash flow, and conserving supplies and energy are three important strategies for controlling costs.

Chapter 28

Parent, Community, and Professional Relationships

Chapter Focus

The following Essential Knowledge and Skills are discussed in this chapter:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Chapter Vocabulary

home visit
individual parent conferences
networking
orientation session
parent meetings
public relations

The parents and the community are two major influences affecting child care programs. Parent participation is very important to child care programs. Directors should encourage open communication and positive relationships between staff members and parents.

The child care program and the community should work together to meet the needs of children and families. The community has services, agencies, and volunteers that can collaborate with child care programs developing positive relationships. All of these programs strengthen families and the community while developing a positive environment for children.

Child care professionals learn by participating in community and professional organizations. Through these organizations, they gain new ideas which help them improve the quality of child caregiving.

PARENTS

Positive caregiver relationships with parents aid the growth and development of children. Positive teacher/parent relationships are promoted through communication and parent involvement in the child care program.

Parent/Caregiver Communication

It is important for parents and teachers to communicate for four primary reasons:

- Through parent and teacher communication, consistent guidelines can be used at home and at the center. The child then knows what is expected.
- Through communication between parent and teacher, the accomplishments of the child and concerns about the child can be shared. By sharing accomplishments and concerns, parents and teachers can better understand the child's level of development.
- Parents and teachers have the opportunity to support each other. Both parenting and caregiving can be trying and exhausting. Each adult can be a listener for the other when problems arise.
- Ideally, parent and teacher conferences prevent a lack of communication. When expectations, attitudes, and feelings are communicated, caregivers and parents have clear guidelines to follow. When these guidelines are absent, misunderstandings frequently occur.

Child care centers use various ways to communicate with parents. These may include informal interactions; a parent reception area; a parent handbook; brochures, bulletins, and newsletters; parent meetings; individual conferences; and home visits.

Informal Interactions. During arrival, departure, and visitation time, some caregivers have a chance to speak informally with parents. Positive communication skills by the staff will create a positive image for the center. The receiving teacher should greet the child and the parent cheerfully with enthusiasm. It is important to call the child and the parent by name. The teacher should listen carefully for special information or instructions about each child. The teacher should then follow the parents' instructions carefully. The departure caregiver should have the child washed and ready to go home. At departure time, caregivers should take time for brief but positive and friendly talk about the child's day.

The director is responsible for establishing guidelines about levels of communication with parents. In general, teacher assistants communicate with parents by simply greeting them. This means that they greet the child and parent warmly, showing positive and nurturing attitudes toward the child. The teacher assistant directs parents' questions about policies and procedures or about their child's developmental progress to the director or the teacher.

Parent Reception Area. A parent reception area helps parents feel welcome. Having the area encourages informal communication between parents and caregivers. This area should be an inviting and comfortable place for parents.

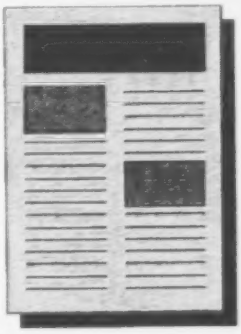
Written materials may be located in a parent reception area to help communicate information to parents. Some materials which could be located in this area include a handbook for parents, newsletters, bulletin boards, brochures, and current publications.

Parent Handbook. A parent handbook is designed to help the parent become oriented to the program. It also serves as a

reference for obtaining information about the child care program. The parent handbook should include a statement about the program's philosophy, policies, and services. Furthermore, the handbook should include information on requirements which must be met before a child can be enrolled. Personal information, health history forms, and other requirements may be included. Additional information included in the handbook might be:

- developmental characteristics of young children
- ways to foster development
- health and safety of young children
- policies about reporting children's progress
- list of supplies parents need to provide for their child
- ways parents can be involved in the child care program
- dates of scheduled meetings

Brochures, Bulletins, and Newsletters. Brochures, bulletins, and newsletters can aid the communication process between parents and caregivers. Through these materials, parents learn about changes in policies, special services and fees, plans for parent conferences, and special activities scheduled throughout the year. These materials may also assist parents in interpreting the program and activities provided for children. In addition, special notices can be prepared to inform parents of new developments. For example, news of an outbreak of chicken pox in the three-year-old classroom can be placed in a special notice.



Parent Meetings. Another way to provide communication between parents and caregivers is through group ***parent meetings***. A group meeting may be held to communicate program policies to parents. Group meetings may inform parents about the daily program or about the types of activities or seasonal events that are planned. During parent meetings, the director may gain insight into parent needs and concerns. Videos may be viewed, or an authority may speak on some phase of child development.

Individual Parent Conferences. ***Individual parent conferences*** are held as a two-way communication process. Through conferences, parents learn of their child's progress from the caregiver. In addition, parents have the chance to share differences in beliefs and procedures about working with their child. The individual conference also allows the caregiver to better understand each child's home environment. Figure 28.1 provides guidelines for use in planning effective parent conferences.

Home Visits. The ***home visit*** is another means of communication between parents and caregivers. A home visit before the child enters the program helps parents and the caregiver to get acquainted. A friendly home visit makes the child and the parents more comfortable on the first day at the center.

Other Ways to Encourage Communication. Other ways to aid positive communication between parents and caregivers include the following:

- telephone conversations
- notes to parents
- observation forms for parents
- folders with collected information about a child's development

Figure 28.2 provides general guidelines to ensure good parent/center relations. Other guidelines may be added to the list.

EFFECTIVE PARENT CONFERENCES

Preparation for the Conference

1. Do I have any written observations about the child to share with the parents?
2. Have I analyzed patterns in the child's behavior?
3. Have I identified outstanding behaviors in the child?
4. Is the setting for the conference relaxed, informal, and comfortable?
5. Are the time and place of the conference convenient for the parents?
6. Are coffee and/or refreshments available for the parents?

Directing the Conference

1. Am I fostering a two-way conversation about the child?
2. Have I mentioned some aspects of social, emotional, cognitive, and physical development of the child?
3. Do I back up general statements about the child with specific examples?
4. Do I relate any amusing anecdotes or special incidents involving the child?
5. Is the parent conference an extension of the ongoing process of communication with parents?
6. Do I open and close the conference on a positive note?
7. Do I stick to the subject of the conference and utilize the time efficiently?
8. Do I end the conference with a summary statement emphasizing the suggestions that were made for the caregiver and parents?

Figure 28.1

Handling Parent/Caregiver Differences

Disagreement between parents and caregivers is likely to occur on occasion. The child care program director sets policies and procedures for dealing with such problems.

The first step in dealing with differences is to admit they happen. Having a difference of opinion is not a reflection of a caregiver's skill or competence. Competence comes from thinking through differences and deciding on a plan to handle them.

Most differences between caregivers and parents are handled through compromise and negotiation. Others are worked out through explanation. More serious differences usually involve the director.

A key to resolving differences is knowing how to respond to a complaint from a parent. Here are some tips for dealing with complaints from parents:

- Be grateful that parents feel comfortable enough to present complaints and suggestions openly.
- Listen to feelings as well as words. The big fuss a parent makes about lost socks, for example, may be sparked by the fear of being laid off at work and not being able to financially manage the family.

GUIDELINES FOR SMOOTH PARENT/CENTER RELATIONS

- Make sure parents and children are greeted upon arrival.
- Arrange a place for parents to have refreshments and visit when they have time.
- Always have the caregivers share information about the child during brief informal contacts when parents arrive at the center to pick up their children.
- Develop an attitude among caregivers at the center that the parents are considered the primary teachers of the child.
- Help busy parents stay informed through newsletters and parent bulletin boards.
- Make certain directors are available to talk with parents.
- Conduct regularly scheduled parent meetings.
- Schedule regular caregiver/parent conferences.
- Frequently remind parents that they are welcome to visit the center at any time without making an appointment.
- Encourage parents to have input into center policies and curriculum.
- Place suggestion boxes in the classrooms so that parents and staff may make comments about the program.
- Place note pads in classrooms so that parents can write special messages for the caregiver. For example, "Please remember to put Rebecca's hat on before she goes outside."
- Encourage parents to telephone the center at any time to offer information, express concern, or check on their child.
- Try to offer positive comments each day to the parents.
- Always respond to parents' suggestions or criticisms. If you are upset, wait a day before responding, but take the time to think about the suggestion and respond to the parents.

Figure 28.2

- Hear the parents out. They have a right to make suggestions about the care their children receive. If they feel their children are being mistreated or treated unfairly, they have a right to complain.
- Try not to get angry. After a parent has finished talking, state your ideas about the complaint.
- Remember that parents often have good ideas about their children's care. A parent's complaint about too much sugar in snacks, the poor communication between early and late shift caregivers, the lack of outside play materials, or the need for more interesting activities for school-age children might result in changes that will improve the overall program.

Policies Regarding Parental Complaints

Some differences cannot be resolved when a teacher and a parent discuss a problem. For that reason, many centers have a written policy for parents to use in sharing complaints. The policy can be given to parents at enrollment or discussed in parent meetings. If parents have a complaint, they should follow this basic procedure:

- Talk to the caregiver first, if that is where the problem arises.
- If the problem is not resolved, talk to the director. Be sure the director understands the depth of the concern. Generally a parent talks to the director more than once

to give the director a chance to solve the problem.
- If the problem is still not solved, go to the governing board or owner (if different than the director) with the complaint in writing. Include specific events, dates, names, and other information as well as a suggestion for resolving the problem. In facilities that have a governing board, parent complaints are often handled by a board subcommittee.

Presenting Problems to Parents

Besides dealing with problems raised by parents, caregivers may also notice problems which require discussion. Knowing how to express a problem is just as important as knowing how to respond to one. The following is a list of guidelines adapted from "When You and Parents See Things Differently," *Texas Child Care Quarterly*.

- Wait to discuss the problem until both parties have time and energy to think about it carefully. Presenting a problem to parents as they rush to work or when they pick up the child after a hard day can be poor timing. It is better to set up an appointment for a phone conversation or a personal meeting.
- A written complaint policy can inform parents that occasionally they may receive a call from a caregiver about a problem. Emphasize that the problem affects the caregiver's ability to care for the child properly. Encourage parents to express their views about the problem and work with the caregiver to resolve it.
- Talk in a polite, helpful manner. Blaming parents will do little good. Instead of saying, "You're not bringing enough formula. Billy is hungry before his feeding times," try this approach: "I think Billy is hungry when he cries before his scheduled feeding time. I would like to feed him a little earlier but I'm afraid he will run out of formula if I do. I would like you to bring four bottles instead of three."
- Make sure the parent knows that the child's best interest is considered important. Make it obvious that the child is liked and note his or her good points. You might say, for example, "I enjoy having Erica in my group. She asks lots of questions and is extremely curious, but I'm concerned because she starts hitting when she gets angry. You've mentioned before that she shows her temper at home. What I'm trying to do is tell her it's okay to feel angry but to use words to say how she feels instead of hitting."

- Help parents feel confident. If parents feel that others think they are doing a good job, they may be more open to new ways of handling their children. They may be more eager to improve parenting skills. You might say, for example, "I think you're doing a great job of showing Chris lots of attention. It must be rough right now with the divorce. Chris said you took him to the park yesterday. His eyes really sparkled when he told me about the fun he had."
- In a few cases, there will be more complaints and differences that cannot be resolved. Problems may result from different values or different child-rearing practices. Such problems are not signs that caregivers or parents have failed. It simply means that there is a disagreement. The best solution may be for the director to attempt to work out the problem. If the problem still cannot be solved, the director may refer the parents to another child care program.

Parent Involvement

Parents are important to the success of a child care program and the development of children. Parents should be given the chance to choose how they wish to participate. Such

choices tend to make parents feel more comfortable. Planning, policy making, and volunteer roles offer many opportunities for parent involvement.

Each child care center and each set of parents is unique. Therefore, the right kind of parent involvement must be determined for each situation. Factors for the director and teachers to consider when planning parent involvement include the following:

- **The number of working parents** - In a child care program where all parents work, few parents can be caregiver aides. However, parents can participate in other ways. For example, they can save throwaway items for art projects or donate old clothes and shoes for the dramatic play center. Parents who work part-time or have flexible work schedules can participate more often and in a wider variety of ways.
- **The stability or mobility of the community** - If people in the community are mobile, involvement that takes a long period of time is not possible. If the community is stable, parents can work on long-range projects, such as playground improvements.
- **The size of the community** - If children and parents travel long distances to or from the center, it may be difficult to arrange ways to involve parents. However, a center, which is located near the homes of children, may encourage more parent involvement.

- **The physical setting of the center** - If a center can afford the luxury of space where parents can meet, parent involvement becomes easier. Setting aside an area for parents says to them that the center belongs to them as well as to their children.

◆ *Essential Questions:* ◆
Parents

1. What is the child care program director's role in promoting positive parent, community, and professional relationships?
2. Why is open communication between caregivers and parents important? List strategies that promote caregiver/parent communication.
3. In what ways can parents be involved in a child care program?

THE COMMUNITY

The child care program serves the community. In turn, the community has resources to serve the child care program. These resources include agencies, services, and volunteer workers. The various cultural aspects of the community need to be understood and reflected in the child care program. Understanding effective marketing strategies is also necessary for program success.

Community Services and Agencies

The director is responsible for relations with community services and agencies. The amount of time and the degree of involvement vary according to the type of program and the director's individual style.

In order to refer families, directors should be aware of services provided by each community service and agency. A list of services and

WAYS TO USE VOLUNTEERS IN A CHILD CARE PROGRAM

Volunteers may . . .

1. Form a committee to plan special activities for the children.
2. Cook for special occasions.
3. Help in the maintenance of the facility (painting, cleaning, repairing equipment, landscaping, etc.).
4. Participate in classroom activities by reading stories, playing a musical instrument, discussing special interests, or doing science, art, cooking, or any other activities of interest to children.
5. Make, mend, or launder doll clothes, dramatic play props, pillows, mats, cot covers, etc.
6. Build equipment for the playground.
7. Make toys for the classroom.
8. Share a pet or animal with the children.
9. Develop creative and meaningful bulletin boards.
10. Serve on a telephone committee to remind parents of parent meetings or special center activities.
11. Help to collect items, such as ice cream cartons, Popsicle sticks, newsprint paper rolls, scrap lumber, etc.

Figure 28.3

agencies in the surrounding community should be developed. Directors should try to personally contact as many agencies as possible that provide services related to the client's need.

In addition to referring children and families, directors may use community services and agencies as resources for information. Many agencies have personnel and materials available for staff training, advice, and assistance. Other services may be available from other sources, such as the public library, the electric company, and medical, dental, and mental health services.

Volunteers

Child care programs may use community volunteers in many ways. Figure 28.3 provides ways to use volunteers in a child care program.

The volunteer program is managed by the program director or a volunteer coordinator. A volunteer program coordinator should consider sources for recruiting volunteers, a screening process for using volunteers, and an orientation session for the volunteers.

Available sources for recruiting volunteers will vary. Sources depend on the size of the community and the demands of the other agencies in the community. The potential sources for locating volunteers for child care programs are as follows:

- personal friends of the child care staff
- older adults
- colleges or universities

- volunteer bureaus
- churches

A volunteer screening process should be used for each volunteer. The same care that goes into staff hiring should go into volunteer selections. Not everyone is suitable for volunteer work in a child care program.

Before volunteers begin their work assignment, they should attend an ***orientation session***. The orientation session covers the following general topics:

- **Organizational matters** - the program's structure, the staff members, and the children's groups
- **Educational matters** - program objectives and how they are implemented
- **Developmental information** - ages of children, general information about the children, and what to expect from them
- **Responsibilities of volunteers** - general expectations, schedules, and assignments in written form
- **Supervision of volunteers** - who will supervise, who will evaluate, and who should be consulted when there are problems

Evaluation of volunteers is similar to evaluation methods for other caregivers. A form can be developed for use in evaluation of volunteers.

Public Relations

Public relations strategies help involve the total community in a child care program. The director and staff should be aware of their roles in influencing the community's attitude about the program and the child care profession. How a child care program is marketed influences the image of the program. When planning how to market a child care program, it is important to consider several questions such as the following:

- **What type of image do you want to present?** Many factors influence the image of the program. The appearance of the physical setting, the behavior of the staff, and the name of the program are some factors which influence the program's image. Some people will be attracted by one image and some by another.
- **What audience do you want to reach?** The public relations strategy should consider which families or groups of people you want to reach. Usually, young families are a prime target for child care centers.
- **What is the purpose of the public relations effort?** It is important to consider what you want to accomplish through this strategy. Are you trying to build enrollment? Are you trying to maintain your image as an excellent learning environment for young children? Do you want to be viewed as a source of information? Have you changed location or sponsorship and want to tell the public?
- **What information do you want to communicate?** Do you want to communicate your program's philosophy, goals, and purpose? Is it important to provide information on enrollment procedures and the children who are served by the program?
- **What is the best way to communicate the information to the audience? Which methods do you want to use?** The more common methods are as follows:
  - paid advertisements in newspapers, telephone directories, radio, and television

- posters in laundromats, shopping centers, and libraries
- participation in professional organizations
- volunteering the building as a site for community meetings

"Word of mouth" advertising by satisfied parents is always valued. Individual caregivers involved in community and professional child care organizations help create a positive public image for the child care profession.

◆ *Essential Questions:* ◆
The Community

1. What is the director's role in identifying and using community services and agencies which aid children and families?
2. Why are screening and evaluation of child care volunteers important?
3. What topics should be covered in orientation sessions for child care volunteers?
4. What questions should be considered in developing public relations strategies for a child care program?

PROFESSIONAL RELATIONSHIPS

All persons interested in the education of young children have a responsibility to be informed. In addition, each person can choose to help shape the future of the child care profession.

Directors should encourage teachers to become involved in community and professional organizations. Involvement in child care legislation, improvement of working conditions, identification of available job positions, research, continuing education, networking, and social activities are reason for participating in these organizations.

Community and Professional Organizations

Community and professional organizations influence public opinion and legislation. Public thinking is influenced by various types of media. Pamphlets, brochures, newspapers, magazine articles, and radio and television coverage can be used to communicate information to the public about children. Lobbyists, professional advocates, and organizational representatives stay in contact with legislators and stay informed about proposed laws which affect children. Through letter writing campaigns, many organizations influence legislators and laws affecting children.

Working conditions have been improved for child care professionals through professional and community organization input. Salaries, fringe benefits, and staff/child ratios have been influenced by these organizations. Professional organizations can also provide creative, resourceful ideas to improve existing working conditions.

Some organizations may provide a job placement service or formal position announcements. Other organizations provide informal exchange of information on job openings. In either case, interested persons are exposed to the wide range of opportunities available in the child care field.

A child care professional may wish to conduct research or stay informed about the most current findings in the field of child development. Child development research is funded through professional organizations, foundations, and the federal government. The findings of the research projects are published in journals and newsletters produced by the various organizations.

Organizations for caregivers provide many kinds of activities to further the continuing education of members. Workshops, conferences, magazines, newsletters, pamphlets, and books published by the organization inform caregivers about developments in their field. Some organizations may offer consultation services to child care professionals for curriculum planning, staff development, and parent education.

The opportunity to network resources is also a function of professional organizations. ***Networking*** is a way of making, using, and providing contacts which serve as tools for saving time, energy, and money. Networking of resources helps child care professionals to better meet the needs of children. Organizations of professionals from related fields can work together with child care professionals. For example, social workers, doctors, psychologists, and nutritionists could network their resources to best meet the needs of children.

Through community and professional organizations, child care professionals develop personal relationships with others. Various activities are used to promote interaction among child care professionals. After attending a professional meeting, caregivers often return to work more enthusiastic about their job of caring for young children.

◆ Essential Questions: ◆
Professional Relationships

1. What functions are provided by community and professional organizations?
2. How does involvement in community and professional organizations benefit caregivers?
3. How does networking benefit child care professionals?

Chapter Highlights

- ☆ Positive caregiver/parent relationships are promoted through communication and parent involvement in the child care program.
- ☆ Strategies that promote positive relationships between parents and caregivers include informal interactions; a parent reception area; a parent handbook; brochures, bulletins, and newsletters; parent meetings; individual conferences; and home visits.
- ☆ The director is responsible for setting policies and procedures for handling parent/caregiver differences. The first step in dealing with differences is to admit they happen.
- ☆ Parents are important to the success of a child care program and to the development of children. Parents can be involved in planning, policy making, or volunteer roles.
- ☆ The director is responsible for establishing relations with community services and agencies. In addition to referring children and families, directors may use community services and agencies as sources of information.
- ☆ Volunteers may perform and aid with staff functions. A volunteer screening process should be used with each volunteer. The same care that goes into staff selection and evaluation should go into volunteer selection and evaluation.
- ☆ Public relations strategies help involve the total community in a child care program. A good marketing strategy creates a positive public image for the child care center, informs the public about services provided, and creates positive attitudes about the child care profession.
- ☆ Child care program directors are wise to encourage caregivers to become involved in community and professional organizations. Child care advocacy, improvement of working conditions, learning about available job positions, research, continuing education, networking, exposure to new ideas, and social activities are reasons to participate in organizations.

REFERENCES

Beaty, J. (2001). *Observing development of the young child* (5th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.

Bredekamp, S. & Copple, C. (Ed.). (1997). *Developmentally appropriate practice in early childhood programs.* Washington, DC: National Association for the Education of Young Children (NAEYC).

Bronson, M.B. (1995). The right stuff for children from birth to 8: Selecting play materials to support development. Washington, DC: National Association for the Education for Young Children (NAEYC).

Click, P. (1999). *Administration of Schools for Young Children (5th ed.).* Albany, NY: Delmar Publishers

Click, P. (1998). *Caring for school-age children (4th ed.).* Albany, NY: Delmar Publishers.

Droddy, F. (1992). *Grandparents raising grandchildren: The unrecognized family structure.* Dissertation, Texas Woman's University.

Essa, E. (1999). *Introduction to early childhood education* (3rd ed.). Albany, NY: Delmar Publishers.

Family Violence Prevention Fund (1999). *Domestic violence is a serious social problem in America.* (Internet, fvpf.org)

Feldman, R. (2001). *Child development* (3rd ed.). Upper Saddle River, NJ: Prentice Hall.

Hamilton, D. & Flemming, B. (1990). *Resources for creative teaching in early childhood education.* Orlando, FL: Harcourt Brace Jovanovich College Publishers.

Marotz, L. Rush, J. & Cross M. (2001). *Health, safety, and nutrition for the young child* (5th ed.). Albany, NY: Delmar Publishers.

Moore, G.T. (1979). *Recommendations for child care centers. Milwaukee, WI: University of Wisconsin.*

National Association for the Education of Young Children. (2000). *Mission, philosophy and goals.* (Internet, www.naeyc.org)

Petersen, E. (1996). *A practical guide to early childhood planning, methods, and materials.* Needham Heights, MA: Allyn and Bacon.

Reynolds, E. (2001). *Guiding young children* (3rd ed.). Mountain View, California: Mayfield Publishing Company.

Sayre, N. & Gallagher, J. (2001). *The young child and the environment.* Needham Heights, MA: Allyn and Bacon.

Schickedanz, J., Pergantis, M., Kanosky, J., Blaney, A., & Ottinger, J. (1997). *Curriculum in early childhood.* Needham Heights, MA: Allyn and Bacon.

Schiller, P. (1999). *Start smart! Building brain power in the early years.* Beltsville, MA: Gryphon House.

Sciarra, D. & Dorsey, A. (1999). *Developing and administering a child care center* (4th ed.). Albany, NY: Delmar Publishers.

Texas Day-care Minimum Standards and Guidelines. (1999). Austin, TX: Texas Department of Protective and Regulatory Services.

United States Department of Labor, Women's Division. (2000). *Work - Related Child Care Statistics.* (Internet, www.dol.gov)

Index

A

accident 82
accreditation 359
Acquired Immune Deficiency Syndrome 78
age-level coordinators 32
aggression 305
allergy 75
anecdotal records 204
anemia 364
anoxia 209
appropriate dress 28
ascorbic acid 363
assessment 293
Association for Childhood Education International 23
associative play 152
asthma 75
attention alert signal 116
autonomy 171

B

B vitamins 363
babbling 185
behavior 298
behavior modification 289
behavioral objectives 320
behaviorism 144
birth defects 208
blended family 47
board of directors 32
boundaries 336
brainstorm 280
break-even analysis 376
budget 380

C

cafeteria service 372
calories 363
carbohydrates 362
caregiver 2
caustic poisons 121
centration 186
cephalocaudal growth 149
cerebral palsy 78
chain of command 32
checklists 205
child abuse 40
child care 2
child care center 5
child care management 346
child care profession 2
child development 140
child/staff ratios 334
childhood
  developmental tasks during 142
children with special needs 288
chronic illnesses 75
chronological age 182
circular reactions 184
classification 187
cognition 182
cognitive development 150
cognitive theories 146
coma 76
combustible materials 86
communicable 69
communication 12
communication disorder 291
comprehensive care 6
concrete operational stage 187
confidentiality 13
conscience 45
conserve 187
consistent 306
consumable equipment 59
contagious 69
contributions 379
conventional moral reasoning 155
coo 185
cooperation 17
cooperative play 153
crawling 162
creative movement 200
creeping 162
cross-contamination 102
culture 51
curriculum 6
curriculum goals 320
custodial care 5
custody 48
cycle menus 369
cystic fibrosis 78

D

decision 27
deductions 379
development
  tasks during childhood 142
  tasks during infancy 142
developmental care 6
developmental checklist 326
developmental regressions 49
developmental stage grouping 35
developmental stages 141
developmental tasks 141
developmentally appropriate 6
diabetes 75
Dietary Reference Intakes (DRI) 364
differentiation 215
difficult child 232
direct guidance 306
director 32
disability 288
discipline 172
discovery model 252
distraction 310
drown 87
due process 356
dyslexia 188

E

early childhood education 3
easy child 232
egocentrism 186
employer-sponsored child care 7
empty calories 368
environment 143
enzymes 209
epilepsy 76
equipment 59
erogenous zone 146
ethical 13
ethics 24
ethnic group 47
extended day programs 34
extended families 46
extended-day programs 5
extinction 313
extinguish 112
eye-hand coordination 198

F

fall zones 90
family service 372
family violence 49
fatigue 135
fats 363
fetus 208
field trip 203
fine motor skills 161
fire extinguisher 114
fire legal liability 381
first aid 119
fiscal 355
flammable materials 86
Food Guide Pyramid 364
Food Guide Pyramid for Young Children 364
foodborne illness 102
formal operations 188
franchise 7
free association 145
full-day programs 5
functions 185
furnishings 58

G

gender identity 174
general journal 378
general liability insurance 381
generation gap 47
genetic counseling 208
genetic traits 208
genitals 134
gifted/talented children 292
goals 346
grand mal seizure 76
grandparent-grandchildren families 46
gross motor skills 161
gross wages 379
group care 5
group day home 5
growth 159
guidance 298

H

half-day programs 5
head lice 69
health assessment 98
health awareness 68
health history 99
health observations 99
hepatitis A 69
home visit 387
housekeeping 135
hygiene 101

hyperglycemia 76
hypoglycemia 76

I

identities 185
immobilize 124
immunity 166
immunization 105
implementation 348
in-kind contribution 378
incidental learning 108
inclusion 293
individual care 5
individual parent conferences 387
infants 162
infectious 69
informal communications 129
inherited traits 170
instructional model 252
instructional strategies 321
insulin 75
integrated curriculum 324
intelligence 182
IQ tests 182

J

Jaundice 209
justifications 380

K

kindergarten 7

L

large motor skills 61
latchkey children 282
lead teachers 32
learning centers 55
learning disability 289
learning philosophy 6
liability 39
license 355
listlessness 135
locomotion 162
long-term memory 301

M

mainstreaming 293
maintenance calendar 343
manipulative skills 198
market analysis 354
maturation 144
mental age 182
menus 369
middle childhood 267
minerals 363
minimum standard 356
mobility 48
model 307
modeling 131
modified open-space design, 336
monthly financial statement 382
moral development 45
morals 155
motivation 347
motor skill development 149
multi-age groupings 35
multi-sensory training 289

N

National Association for the Education of Young Children 23
needs assessment 354
negative reinforcement 314
negativism 171
neglect 40
neonate 207
net wages 379
networking 395
neurological 98
non-caustic poisons 121
norm 251
nuclear families 46
nutrients 362
nutrition 103

O

obesity 104
object permanence 184
objective observation 311
objectives 346
observation 204
observational learning 145
open-space design 336
operating budget 380
orientation 17
orientation session 393

P

parallel play 152
parent meetings 387
parenting 174
peer pressure 50
peer relationship 36
peers 152
personal injury liability insurance 381
petit mal seizures 77
planning 346
plate service 372
poison 87
portfolio 14
positive behavior 304
positive reinforcement 131
postconventional moral reasoning 156
pre-moral 176
preconventional moral reasoning 155
prenatal development 207
preoperational stage 185
preschool-age children 162
principles of development 140
probationary period 17
problem behavior 305
process 186
profession 22
professional dress 28
professional organization 23
professionals 22
program model 321
proposal 377
prosocial behaviors 299
prosthesis 291
protein 362
provisional 355
proximodistal growth 149
psychoanalysis 145
psychological 98
Psychomotor seizures 77
puberty 160
public relations 393

R

rate 161
rating scales 205
Recommended Daily Allowances (RDA) 364
record keeping 38
redirection 310
references 15
reflexes 209
reflexive behavior 214
regression 133
reinforcement 313
reporting 38
resources 347
resumé 15
revoke 356
routine 127

S

salmonellosis 102
sanitation 101
sanitized 59
screening tests 98
secondary care 2
self-care children 282
self-care programs 35
self-concept 45
self-contained design 336
self-help skills 163
self-image 45
sensitive period 141
sensorimotor intelligence 184
sensory experiences 184
sensory perception 183
separation anxiety 171
sequence 141
seriation 187
Shaken baby syndrome 79
shock 122
short-term memory 301
siblings 45
sickle cell anemia 78
single-parent families 46
sliding fee scale 6
slow-to-warm-up child 232
social development 44
social institutions 51
social services 6
socialization 51
society 51
solitary play 152
Southern Early Childhood Association 23
specialists 11
specimen samples 205
speech impairment 291
spontaneously combustible materials 86
staphylococcus 102
start-up budget 380
state 210
stimulating environment 56
stranger anxiety 171
subordinate relationships. 36
suffocate 86
supervisory relationship 36
supplies 59

T

tactile 57
tactile stimulation 209
task analysis 289
teachable moments 192
teachers 11
teaching strategies 192
telegraphic speech 244
temperament 214
Texas Department of
Protective and
Regulatory Serv 24
theory of development 143
third degree burn 122
time-out 313
toddlers 162
tornado warning 117
tornado watch 117
traffic flow 338
transaction 378
transition 137
tuition fees 376

U

unit blocks 194
unit plan 324

V

verbal guidance 302
vitamin A 363
vitamin C 363
vitamin D 363
vitamin deficiency 363
vitamins 363
voucher system 377

W

water 364
wholesome 53

Z

zone of proximal development 147

772

CHILD CARE AND GUIDANCE

MANAGEMENT AND SERVICES

STUDENT ACTIVITY BOOK

773

BEST COPY AVAILABLE

FAMILY AND CONSUMER SCIENCES EDUCATION • TEXAS EDUCATION AGENCY • AUSTIN, TEXAS

Child Care and Guidance, Management, and Services

Student Activity Book

Developed and disseminated by:
The Curriculum Center for Family and Consumer Sciences
Texas Tech University
Box 41161
Lubbock, Texas 79409-1161

August, 2001

774

Acknowledgments

The *Child Care and Guidance, Management, and Services Student Activity Book* was prepared by the staff of The Curriculum Center for Family and Consumer Sciences. Development was funded by The Curriculum Center for Family and Consumer Sciences at Texas Tech University.

The Staff of The Curriculum Center for Family and Consumer Sciences:

Marilyn Wragg
Director

Lynn Perrin
Associate Director

Debbie Mumme, PhD
Curriculum Project Coordinator

Karla Duckworth
Curriculum Project Coordinator

Tracy Givens
Information Specialist/Editor

Sonja D. Koukel
Research Assistant

Becky Martinez
Editorial Assistant

****

Debbie Mumme, PhD served as staff writer for this publication.

****

The Staff of the Texas Education Agency Family and Consumer Sciences Education Unit:

Gay Nell McGinnis
Program Director

Cindy Gruner
Program Specialist

Sharon Pierce
Program Specialist

Diane Salazar
Program Specialist

Preface

With growing needs for child care outside the home, provision of quality early childhood education and care has become a vital industry. The early childhood education and care industry is one of the nation's largest employers. Thus, a multitude of career opportunities exist in the early childhood education and care industry. Employment is available at a variety of levels ranging from beginning jobs that are open to the inexperienced, to the highest professional positions that require extensive experience and training. Knowledge, coupled with practice in the field, facilitates the development of competent practitioners or professionals in early childhood education and care.

Publications in the *Child Care and Guidance, Management, and Services* series provide information about various segments of early childhood education and care; some employment situations will fit the descriptions provided more closely than others. Therefore, hands-on experience and use of other resource materials are important components of the total training experiences needed by students interested in pursuing career opportunities in early childhood education and care.

This Student Activity Book complements the other documents in the *Child Care and Guidance, Management, and Services* set of materials. The instructional materials designed for the early childhood education and care occupational area include the following three components:

- The *Reference Book* provides information needed by employees in the early education and care occupational areas. Each chapter begins with a "Chapter Focus" (the Texas Essential Knowledge and Skills addressed in that chapter) and a "Chapter Vocabulary." Terms listed as vocabulary may be located quickly by using the index. Within the text, italicized, bold-faced vocabulary terms are included with definitions or explanations. Illustrations of equipment and procedures used in the industry today aid in student learning. Throughout the chapter, "Essential Questions" boxes pose important questions to students about the material they have read. At the end of each chapter, the content is summarized in "Chapter Highlights."

- The *Curriculum Guide* provides information needed by teachers. Each chapter consists of a variety of instructional strategies for use in the classroom. Instructional strategies should be selected based on the local instructional arrangement, the level of students' abilities and experience, job situations, and time available. Teaching Aids are included for use in implementing the instructional strategies. An Answer Key is also provided for the activities in the Student Activity Book.

- The *Student Activity Book* provides a variety of pencil-and paper activities designed to reinforce the concepts presented in the Reference Book. Activities are designed to correlate with essential information presented in each chapter.

The *Child Care and Guidance, Management, and Services* documents are part of an occupational education series which focuses on a broad range of employment opportunities. Each title in the series addresses one occupational training area. The materials may be used for one or two years of instruction. Curriculum materials for the other occupational areas in family and consumer sciences are available from The Curriculum Center for Family and Consumer Sciences, Texas Tech University, Box 41161, Lubbock, Texas, 79409-1161.

Table of Contents

Acknowledgments iii

Preface iv

Chapter 1 – The Child Care Profession 1

Chapter 2 – Careers in Early Childhood Education and Care 9

Chapter 3 – Professionalism 19

Chapter 4 – The Child Care Center 27

Chapter 5 – Influences on the Development of Children 39

Chapter 6 – The Child Care Environment 49

Chapter 7 – Health Awareness 59

Chapter 8 – Safety Awareness 73

Chapter 9 – Health and Safety Procedures in Child Care 87

Chapter 10 – Handling Emergencies 99

Chapter 11 – Daily Routines 111

Chapter 12 –Principles and Theories of Development 125

Chapter 13 – Physical Development 137

Chapter 14 – Emotional and Social Development 143

Chapter 15 – Cognitive Development 153

Chapter 16 – Teaching Strategies 159

Chapter 17 – Newborns and Infants 169

Chapter 18 – Toddlers 187

Chapter 19 – Preschoolers 201

Chapter 20 – School-age Children 211

Chapter 21 – Development of Children with Special Needs 223

Chapter 22 – Child Guidance/Behavior and Group Management 235

Chapter 23 – Curriculum Management 247

Chapter 24 – Facility Management 257

Chapter 25 – Child Care Program Organization and Administration 267

Chapter 26 – Food Service Management 281

Chapter 27 – Financial Management 295

Chapter 28 – Parent, Community, and Professional Relationships 305

Chapter 1

The Child Care Profession

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 1:

4F Determine how society, culture, and changing demographics affect the growth and development of young children.

11B Analyze the future employment outlook in the child care industry.

11C Describe entrepreneurial opportunities in the child care industry.

12C Discuss legislation and public policies affecting the child care profession.

Introduction

The need for child care in our society has increased significantly in the last decade. Changes in our society have affected the need for child care. More women work outside the home today than ever before. More single-parent households exist today. An increased interest in early childhood education has also created more demand for child care. Parents are the primary caregivers for their children. The child care profession provides secondary care.

This chapter will increase your awareness of the early childhood/education and care profession, different classifications of programs, the variety of different services offered through programs, and how programs are funded.

BEST COPY AVAILABLE

Activity 1-1 • True/False

Directions

Review information in Chapter One about the child care profession. Read the following statements. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Parents are most often the primary caregivers for their children.

_____

T F 2. The need for high quality, affordable early child care and education has decreased in the past decade.

_____

T F 3. Six out of ten mothers in the workforce have children under the age of three.

_____

T F 4. The interest in childhood and treatment of children through history has always been tied to economic, religious, and social factors.

_____

T F 5. The Lanham Act was approved to establish child care during World War II.

_____

T F 6. Early childhood education first included children from one to five years of age.

_____

T F 7. Child care programs can be classified according to the hours they are open, number of children served, types of services offered, curriculum structure, or funding structure.

_____

T F 8. A good program usually focuses on just physical and cognitive development of children.

_____

730

T F 9. Child care centers that offer developmental care provide a developmentally appropriate environment with planned activities.

_____

T F 10. Child care programs can have different funding sources.

_____

Activity 1-2 • Writing

Directions

Using the space provided below, write two to three paragraphs summarizing the history of early childhood education.

Activity 1-3 • Matching

Directions

Listed below are some individuals who have made outstanding contributions to early childhood education. Match each contribution with the appropriate individual by putting the letter of the correct contribution in the space to the left of the leader. Each letter may be used only once.

Leaders

____ 1. Erikson

____ 2. Froebel

____ 3. Montessori

____ 4. Pestalozzi

____ 5. Piaget

____ 6. Rousseau

____ 7. Skinner

____ 8. Vygotsky

Contributions

A. Started the first kindergarten

B. Developed the method of early childhood education still used today

C. Developed a theory focusing on specific social tasks

D. Emphasized that all behavior is learned

E. Believed that children learn actively from concrete experiences

F. Believed that children are innately good

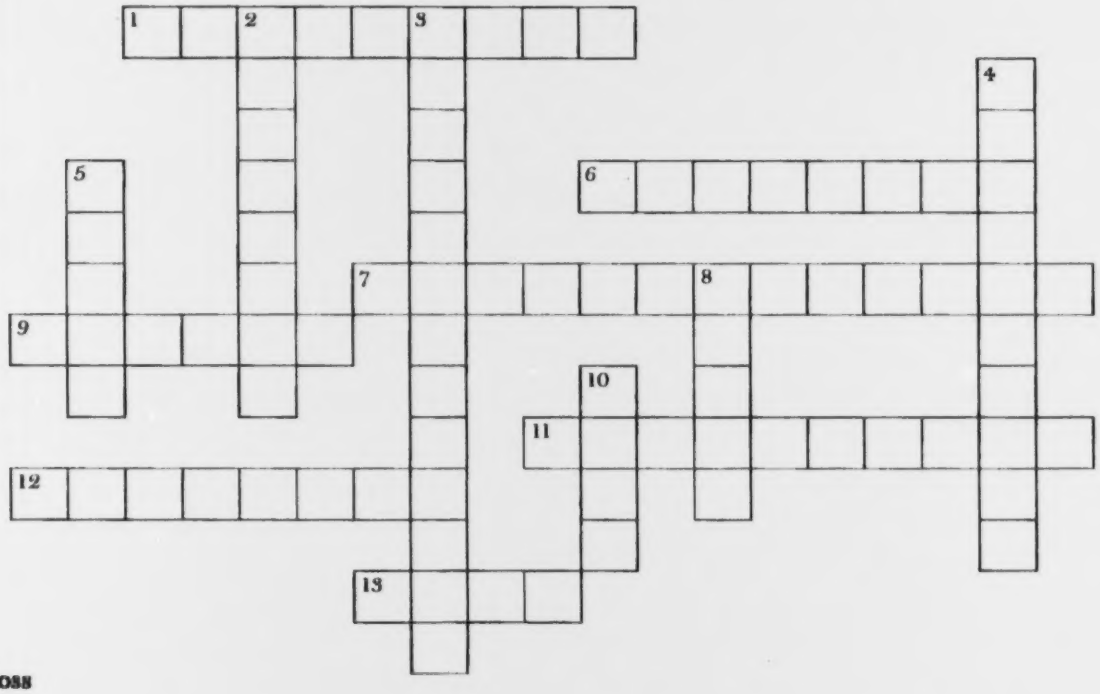
G. Stressed the zone of proximal development

H. Emphasized that children's thinking is unique in each of four stages

Activity 1-4 • Puzzle

Directions

Read the clues below related to ways in which child care programs are classified. Complete each clue by placing the correct word in the blank. Complete the crossword puzzle using underlined words from the numbered clues.



Across

1. _____ care is a type of child care which focuses mainly on safety and health.

6. _____ day programs offer before-school, after-school, and sometimes holiday or summer care for children.

7. Child care programs that offer_____ care provide a safe setting, developmental programs, and health services to children and their families.

9. Since sources of payment for the cost of child care differ, programs are sometimes classified according to how they are _____.

11. Sometimes, child care programs are classified differently since _____ used in teaching and learning may be based on different learning philosophies.

12. One way that child care programs are classified is by the number of _____ they serve.

13. Programs that offer services for four hours or less are called _____ day programs.

Down

2. A third way to classify child care programs is by the types of _____ offered to families.

3. Child care programs offering _____ care provide a safe setting and planned activities based on knowledge of early childhood education principles.

4. _____ care usually involves one caregiver using his or her home to care for one child, one family's children, or children from different families.

5. In _____ care, as few as six children to as many as 200 or more children may be cared for in one location.

8. Child care programs can be classified according to how many _____ they are open.

10. _____ day programs offer sessions of more than four hours but less than 13 hours.

Activity 1-5 • Fill-in-the-Blank

Directions

Each of the following sentences contains a scrambled word. To identify the most recent trends in child care, write the unscrambled word in the space provided to the left of each sentence.

1. _____ The need for high quality, affordable early child care and education has increased due to a growing number of GSLINE - RTPANE families.

2. _____ A growing trend in child care programs is P R E M E O L Y sponsored child care services.

3. _____ Most public schools now assume some of the S T O C of child care by requiring kindergarten programs for five-year olds.

4. _____ Many schools are changing their kindergarten D H E C U S S E L from half day to full day.

5. _____ Some school districts have chosen to make prekindergarten programs available to all four-year old LIHERCDN.

Chapter 2

Careers in Early Childhood Education and Care

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 2:

10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.

10B Demonstrate effective methods to secure, maintain, and terminate employment.

10D Evaluate the relationship of good physical and mental health to job success and achievement.

10G Exhibit productive work habits and attitudes.

11A Determine preparation requirements for various levels of employment in a variety of child care and early childhood education careers.

11D Determine how interests, abilities, personal priorities and family responsibilities affect career choices.

11E Compare rewards and demands for various levels of employment in a variety of careers.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

13A Analyze challenges of managing multiple family, community, and wage-earner roles.

13B Exhibit management practices facilitating individuals assuming multiple roles.

Introduction

A variety of jobs exist in the field of early childhood education and care which offer good career opportunities. Some jobs can be done with little experience. Others require special training, education, and experience. Positions are classified in different ways to describe the tasks done by persons hired to do these jobs.

This chapter reviews general types of positions in early childhood education and care which may be found in facilities. It also covers qualities child caregivers should possess. General information is included on employment skills related to getting a job, keeping a job, and advancing in early childhood education and care careers.

Activity 2-1 • Sentence Completion

Directions

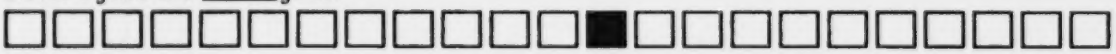
Identify levels of employment and job titles in the field of early childhood education and care by completing the following sentences. Supply the most appropriate word(s) to complete the sentences by filling in letters in the boxes provided. Write the answers in spaces provided.

1. A teacher assistant is considered a/an _____ position.

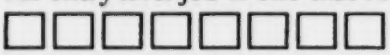
2. A professional certified teacher is a/an _____ position.

3. _____ teachers are those classified as level 2 caregivers.

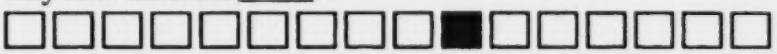
4. Level 4 jobs are _____ jobs.



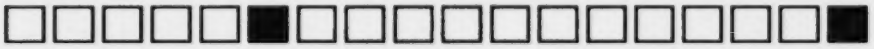
5. An entry-level job is one that requires no special _____.

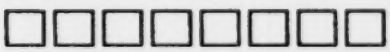


6. Although associate teachers and teachers may do similar work, their different titles show that they have different _____.

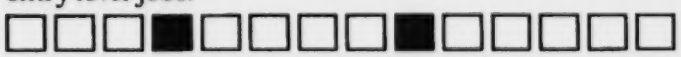


7. Job titles at level 3, besides professional certified teacher, are teacher, supervisor, lead teacher, and _____.

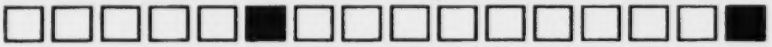




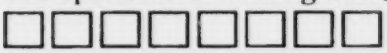
8. Trainees, students in training, child care aides, _____, and child development aides all hold entry-level jobs.



9. Persons who hold level 4 child care jobs are often called _____.



10. Social workers, special education teachers, pediatricians, and dentists are all professionals who specialize in working with _____.



Activity 2-2 • Scenario

Directions

List the requirements for various levels of early childhood education and care employment by completing the following exercise. Read each of the situations below and respond by writing answers in the spaces provided.

1. Mrs. Garcia is a professional certified teacher. Her job title shows that her position is a level 3 job. What are the requirements Mrs. Garcia met in order to hold her position?

2. Mrs. Morrow, a middle-aged woman, is employed as a child care aide at a local day care center. What training was Mrs. Morrow required to receive before being hired as an aide?

3. Ms. Coffman is classified as a level 2 associate teacher. There are two ways she could have prepared herself for her job. What are those two alternatives?

4. Mr. Robertson wants to be an early childhood specialist. What requirements must he first fulfill?

790

Activity 2-3 • Short Answer

Directions

Read the following scenario about multiple roles. Answer the questions in the spaces provided.

Patti is a young single mother with two children (ages three and four). They live with her mother, Virginia. Both Patti and Virginia are employed at child care centers. Patti's children are also enrolled at the center.

Patti is employed as an associate teacher at one center and Virginia works downtown as a lead teacher. Patti is working on her bachelor's degree in early childhood education and she should graduate next spring. She would like to teach Kindergarten in a public school when she has completed her education.

Patti attends college classes at night and on weekends. Virginia helps take care of the children when her daughter is in class. Patti has found that late nights and Sunday afternoons are best times to study and to prepare for college classes. She tries to prepare for job duties while she is still at the center. At the present time, Patti is feeling a little overwhelmed trying to balance all of the roles.

1. What are the multiple roles that Patti has?

2. How can multiple roles influence career choices?

3. Based on the text and your observations, what are some suggestions that might help Patti in managing multiple roles?

Activity 2-4 • Application

Directions

Part I: Place a ✔ in the blanks to the left of the traits that you feel you possess as a child caregiver. Place an **X** by any qualities which you honestly do not feel you have at the present time.

____ 1. I care for and have concern for children.

____ 2. I want to learn more about how young children develop.

____ 3. I know how to communicate well with children.

____ 4. I know how to communicate well with adults.

____ 5. I have good physical health.

____ 6. I have good mental health.

____ 7. I am an honest, fair, and loyal person.

____ 8. I try to keep a positive attitude about any work I do.

____ 9. I am interested in a career as a child caregiver.

____ 10. I like being around children.

____ 11. I have plenty of energy.

____ 12. I am well groomed and clean when I go to school and work.

____ 13. I feel good about myself as a person.

____ 14. I will not share confidential information with anyone except my supervisor.

____ 15. I am cheerful and enthusiastic about my job as a child caregiver.

____ 16. My employer can count on me to be trustworthy and dependable.

____ 17. I am willing to be a team member and help other caregivers when help is needed.

Part II:
You have identified qualities you want or need to develop. Now, write the goals you need to set for yourself in order to develop the qualities which you marked with a **X**. Briefly explain how you plan to reach your goals by filling in the action plan.

Qualities	Child Caregiver Goals	Action Plan
1.	1.	1.
2.	2.	2.
3.	3.	3.

Activity 2-5 • True/False

Directions

Read the following statements about how to get and keep a job in child care. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Knowing what to expect and preparing for a job interview will help future caregivers make a good impression.

_____

T F 2. Using the classified ads in a newspaper is about the only way to find out about job openings.

_____

T F 3. Child care directors often contact high school counselors and/or training supervisors when they have job openings.

_____

T F 4. It is usually best to apply for work at only one child care center in order to prevent confusion in making a job choice.

_____

T F 5. If only an address is given in a job listing, it is best to drop by the office for a visit.

_____

T F 6. A list of references should be taken to a job interview.

_____

T F 7. It is appropriate to submit a handwritten resumé to a potential employer.

_____

T F 8. It is best to arrive at least five minutes early for a job interview.

_____

T F 9. By asking appropriate questions, an individual can show interest in the job.

_____

T F 10. Cooperation is important in getting a job and keeping a job.

_____

Chapter 3

Professionalism

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 3:

1D Identify the chain of command and responsibilities of each employee.

10C Demonstrate positive interpersonal skills including conflict resolution, negotiation, teamwork, and leadership.

10E Demonstrate appropriate grooming and appearance for the workplace.

10F Demonstrate appropriate business and personal etiquette in the workplace.

10G Exhibit productive work habits and attitudes.

11F Determine continuing education opportunities that enhance career advancement and promote lifelong learning.

12A Summarize the rights and responsibilities of employers and employees.

12B Exhibit ethical practices as defined by industry standards.

12C Discuss legislation and public policies affecting the child care profession.

Introduction

Child care has moved out of the home and into the business community – becoming an industry. As the needs of society have changed and expectations of children increased, child care has become known as "early childhood education and care." Child caregiving has evolved into a profession requiring those who care for children to be educated and trained in child development and education.

Activity 3-1 • Writing

Directions

In two paragraphs, describe the characteristics of an early childhood education and care professional.

Directions

Using the Internet, research the Web sites for each of the professional organizations listed. Write the requested information in the spaces provided.

Association for Childhood Education International (ACEI)

www.acei.org

Purpose (goals and mission)

Publications

Membership Requirements

Dues

National Association for the Education of Young Children (NAEYC)

www.naeyc.org

Purpose (goals and mission)

Publications

Membership Requirements

Dues

Activity 3-3 • Fill-in-the-Blank

Directions

The sentences below cover legislation, public policy, and ethical issues. Complete each sentence by placing the correct response in the space provided.

1. _____ and public policy are important factors in the lives of young children.

2. Legislation and public policy provide guidelines for child care, regulate social services, and influence the _____ in which children live.

3. In Texas, the Department of Protective and Regulatory Services is responsible for _____ child care facilities and seeing that guidelines are followed.

4. The purpose of child care licensing in Texas is to enforce _____ _____ - _____ _____ _____ _____ _____ _____.

5. Every _____ years, Texas Day-care Center Minimum Standards and Guidelines are reviewed.

6. Additional public policies that affect early childhood/child care programs include funding, _____ and _____ regulations, and zoning ordinances.

7. _____ _____ _____ are a set of standards describing a professional's responsibilities in terms of behavior and conduct.

8. In 1989, the _____ approved the Code of Ethical Conduct and Statement of Commitment for practitioners in early childhood education.

9. The NAEYC Code addresses four areas: 1) children, 2) _____, 3) colleagues, and 4) community and society.

10. Section II of the Code of Ethical Conduct and Statement of Commitment recognizes that _____ to families are of primary importance to children's development.

Directions

Mrs. Alvarado has recently opened a child care center at her church on weekday mornings. In the space provided, list five items that should be reported when communicating with child licensing.

1. _____

2. _____

3. _____

4. _____

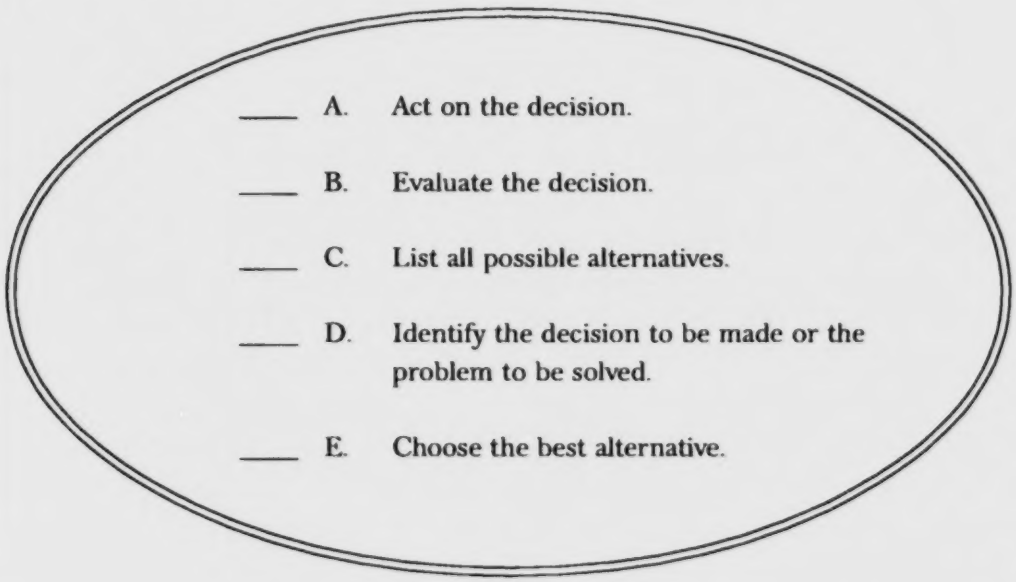
5. _____

800

Activity 3-5 • Sequence

Directions

Part I: Listed below are the steps of the decision-making process. Number the steps in the order in which they should be used. Place the number in the blank to the left of each step. Use the number 1 for the first step of the decision-making process.



____ A. Act on the decision.

____ B. Evaluate the decision.

____ C. List all possible alternatives.

____ D. Identify the decision to be made or the problem to be solved.

____ E. Choose the best alternative.

Part II: What are some examples of decisions that might have to be made by a teacher? a child care director?

Activity 3-6 • Short Answer

Directions

Answer the following questions about appropriate communication and dress as an early childhood/child care professional. Record answers in the spaces provided.

1. Why is it important to have a coworker check any written communication?

2. Why is it important to protect the confidentiality and disclosure of children's records?

3. What are some examples of appropriate and inappropriate topics of conversation in the workplace?

4. At what kinds of occasions would professional dress be appropriate for an individual working in early childhood education?

5. What are some characteristics of appropriate dress for an individual working in early childhood education?

Chapter 4

The Child Care Center

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 4:

- 1D Identify the chain of command and responsibilities of each employee.
- 3B Describe effective methods of recording health-related information.
- 3C Explain state law in reporting suspected child abuse.
- 4E Identify the effects of child abuse on the growth and development of young children.
- 7C Evaluate appropriate techniques to assist children in their adjustment to a child care setting.
- 8F Describe how child abuse affects behavior.
- 9B Practice effective communication techniques that promote parental involvement.
- 10A Demonstrate effective verbal, nonverbal, written, and electronic communication skills.
- 12A Summarize the rights and responsibilities of employers and employees.
- 12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

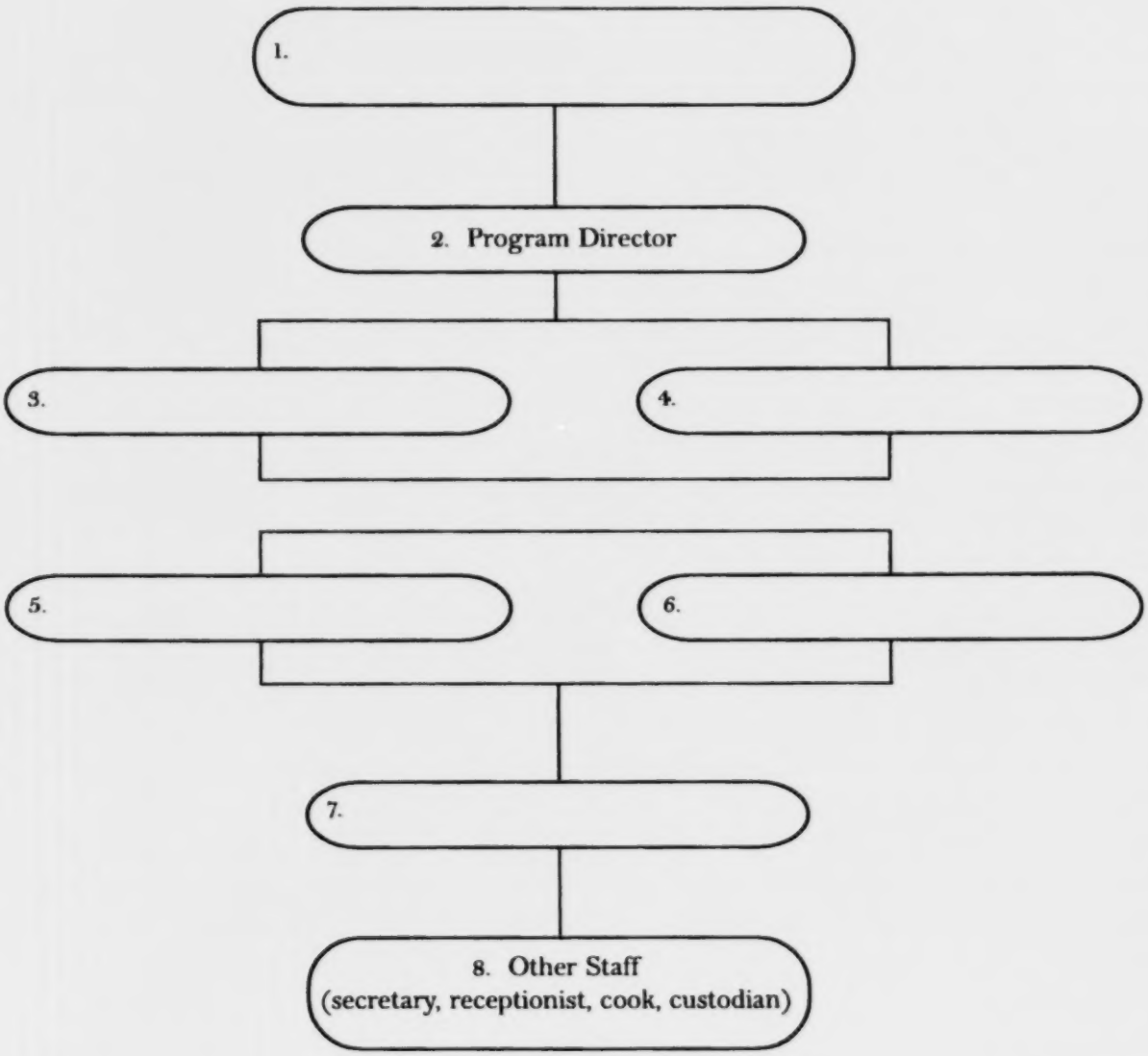
This chapter explains how children are grouped in different early childhood education and care programs. It covers staff duties and relationships, the importance of good relationships with parents, and guidelines for interacting with children. The importance of accurate reporting and record keeping, liability concerns, emergency procedures, and signs of child abuse and neglect are emphasized.

Activity 4-1 • Flow Chart

Directions

Part I: Complete the following diagram by filling in the job titles of child care employees at the appropriate levels of the chain of command.

Staff Organization of Child Care Center



Part II:

In each numbered space below, list a level of the chain of command of positions for a child care center. Use the diagram on the previous page. In the space to the right for that level, write the basic responsibilities.

Job Title	Responsibilities
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Activity 4-2 • Sentence Completion

Directions

Vita has been assigned to report to classmates about staff assignments in emergency situations. Vita has started the report, but she needs help in completing it. Help Vita fill in the missing information by completing each section below. Record your responses in the spaces provided.

1. The center director needs to set a basic plan of action for emergencies. The time for communicating the plan to new workers is _____ _____.

2. There are several situations for which a plan of action should be known in advance. Three examples of such situations are
   (1) _____
   (2) _____
   (3) _____

3. Because emergencies are unpredictable, only general emergency plans can be made. Three important benefits from following emergency plans include
   (1) _____
   (2) _____
   (3) _____

4. In an emergency, the center must be able to locate quickly important information for contacting parents. Information that should be kept in a place known to all caregivers includes
   _____
   _____

5. In an emergency, whatever it may be, the most important concern for center employees is _____.

Activity 4-3 • Matching

Directions

Review age and developmental groupings in a child care center by matching each grouping with its description. Place the letter of the grouping in the blank to the left of the correct description. Some words may be used more than once.

Groupings

A. developmental stage
B. extended day program
C. kindergarten age
D. infants
E. grouping by age
F. multi-age
G. preschoolers
H. self-care program
I. toddlers

Descriptions

____ 1. A method of organizing groups of infants, toddlers, preschoolers, school-age children, etc.

____ 2. Grouping children of different age levels together

____ 3. Program for groups of children five years of age

____ 4. Programs for groups of children from one to three years of age

____ 5. Programs offered for school-age children before or after school, during holidays, and in the summer

____ 6. Programs offered for ages three and four

____ 7. Programs offered to older school-age children who stay at home but may be frightened and need help

____ 8. Children who are grouped according to how mature they are

Activity 4-4 • True/False

Directions

Review information on working with staff, parents, and children by completing the following activity. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. If the child care center does not have a policy for reporting complaints, it is best to talk to your supervisor privately about a concern.

_____

T F 2. It is best not to volunteer to help other caregivers with their assignments because your work is more important.

_____

T F 3. While at work, a caregiver should put personal goals first in order to be the best person possible.

_____

T F 4. A child caregiver should know his/her own duties and be aware of the duties of other staff members.

_____

T F 5. When parents arrive to pick up their children, it is their responsibility to get their children ready to go home.

_____

T F 6. It is important for all caregivers to report all examples of a child's behavior, both negative and positive, to the child's parents.

_____

T F 7. It is important for caregivers to be able to communicate well with both children and adults.

_____

T F 8. Information which concerns the well-being of a child or the child care center should be shared with other caregivers so that they are aware of potential problems.

_____

T F 9. To communicate well with a child, a caregiver should make eye contact and sit or kneel down so the child can see the caregiver face-to-face.

T F 10. It is most important to help children reach goals even if the rules of the center are not followed exactly.

T F 11. If parents demand information which a caregiver is not authorized to give, it is best to give the information, to prevent parents from being upset.

Activity 4-5 • Fill-in-the-Blank

Directions

Review the reporting and record keeping duties of child care staff by completing the following sentences. Supply the missing letters for the most appropriate word to complete each sentence. Write letters in the boxes provided.

1. Reporting by a child caregiver involves telling appropriate staff members accurate _____ at the proper time.

	N			R				I		

2. The director of a child care center is responsible for telling the staff members what types of information need to be _____.

	E		O			E	

3. All _____ should be reported, even if they may not seem important or serious when they happen.

	C		I						S

4. Caregivers should report both positive and negative behavior _____ seen in children.

	H			G		

5. A caregiver should report to the supervisor any bits of information gained which indicate that a family needs _____.

		L	

6. A child caregiver should report to a supervisor any _____ of child abuse or neglect.

	V				N		

7. Equipment and supplies in the child care center should be observed regularly so that any _____ situations may be reported immediately.

		N			R			

8. Needed supplies should be requested in time for the center to provide new supplies _____ the old one are used up.

		F		R	

9. A caregiver should report complaints about other staff members only if the _____ of a child or the reputation of the center is involved.

		L	L						

Activity 4-6 • Sentence Completion

Directions

Unscramble the words in the left-hand column to complete the sentences about liability concerning child care. Write the unscrambled words in the boxes. After unscrambling the word(s) for each item, write another complete sentence in the space provided, using the unscrambled word(s).

1. BAILLIYTI ☐☐☐☐☐☐☐☐☐	_____ means being responsible financially and/or legally for injury to a person.
2. SSEEILROBPN ☐☐☐☐☐☐☐☐☐☐☐	Child care center or individual caregivers can be held legally _____ for injuries that occur at a child care center.
3. TNRWTIE ☐☐☐☐☐☐☐	Child care centers are less likely to be held liable for injuries if they have _____ safety, emergency, and staff conduct policies and procedures.
4. PEEELMYO ☐☐☐☐☐☐☐☐	Every _____ should be given a written copy of the child care center's policies and procedures.
5. TSDNARASD ☐☐☐☐☐☐☐☐☐ LPCOISIE ☐☐☐☐☐☐☐☐	Individual child caregivers are less likely to be held liable for injuries that occur to children in their care if it can be proven that licensing _____ and center _____ were followed.

811

Activity 4-7 • Short Answer

Directions

A child caregiver should be aware of signs that might indicate a child has been abused by someone. Review your understanding of child abuse and neglect by responding to the questions below.

1. Define child abuse.

2. Define the term neglect.

3. List different forms of abuse.

4. List at least six signs of child abuse.

5. Why has child abuse and child neglect become more common in the Unites States?

812

Activity 4-8 • Sentence Completion

Directions

Check your knowledge of child abuse reporting laws by selecting the most appropriate word or phrase from the list to best complete each sentence. Place the word or phrase in the blank to complete the sentence.

> **Child**
> **Child Caregiver**
> **Investigation**
> **Private Setting**
> **Supervisor**

1. Each _____ _____ should learn about the law in the state where he or she works.

2. It is against the law in every state to abuse a/an _____.

3. Any person working at a child care center who knows of a possible case of child abuse should report the concern to his or her supervisor in a/an _____ _____.

4. The _____ should report any suspicion of child abuse to the closest social service or child welfare agency.

5. Once a report of child abuse is received, a/an _____ begins in order to protect the child.

Chapter 5

Influences on the Development of Children

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 5:

- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 4E Identify the effects of child abuse on the growth and development of young children.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 8A Describe the impact of family beliefs, customs and culture on children's behavior.
- 8B Explain how diversity of family units and roles may be reflected in a child's behavior.
- 8C Describe the impact of family crises on children and family.
- 8E Analyze the effect of family stability on children's behavior.
- 9A Identify needs and opportunities for parental involvement in the child care setting.
- 9B Practice effective communication techniques that promote parental involvement.
- 9C Implement strategies that enhance cooperation among the center, teacher, community and family.

Introduction

Various factors affect the physical, social, emotional, and cognitive development of children. The family has a major effect on how children develop. In addition, other factors, such as television, the sex of the child, peers, conscience, moral beliefs, culture, and social institutions affect a child.

This chapter will increase the caregiver's awareness of influences that are important to children's development. Having a basic knowledge of these influences helps caregivers to improve their basic understanding of children.

Activity 5-1 • Sentence Completion

Directions

Complete the following sentences to review how the physical, social, emotional, and cognitive development of children are affected by the family. Supply the missing letters for each word. Write the letters in the boxes provided.

1. Neglect of children's basic needs may cause _____ harm, mental retardation, or even death.

	H	Y					L

2. _____ and other family members are responsible for providing food, clothing, shelter, love, and affection.

		R		N		

3. _____ involves learning to adjust to surroundings.

			I			■	D					O				N	

4. The _____ of a child influences the child's social development, especially when young boys and girls are treated differently.

	E	

5. Other children in a family, called _____, affect a child's social development.

	I				N		S

6. The family can offer children affection, attention, and a sense of _____, which are important for emotional development.

		L		N				G

7. The family influences how a child's _____ develops through what they teach the child and how they support the child.

	R			

8. As a child becomes more mentally mature, he or she develops a/an ____, a feeling for what is right and wrong.

		N		C				C	

9. Too much ____ from parents for children to do well can frustrate children and make them give up learning.

	R						E

10. The development of ____ and a conscience relate closely to a social and emotional development as well as cognitive development.

	O				

Activity 5-2 • Matching

Directions

Listed below are several types of families. Match the descriptions with the family types by putting the letter of the correct description in the blank to the left of each type of family.

Types of Families

____ 1. Blended

____ 2. Extended

____ 3. Grandparents-grandchildren

____ 4. Nuclear

____ 5. Single-parent

Descriptions

A. May face the generation gap challenge

B. Made up of nuclear families with other relatives

C. Only one parent lives with the children

D. Made up of one or both parents and their children

E. When a single parent marries a new spouse with children

Directions

To recognize problems of different types of families, read and analyze the following case situations. Based on the description of the family, identify major problems the family is experiencing as a result of their situation.

Case Study 1

Anita Caldwell is a single parent as a result of her husband's death following a car accident. Anita's husband has enough insurance coverage to provide her with some income each month. In addition, she works as a secretary to be able to provide her family a nice place to live and other basic needs. Anita has a son, Mark, who is eight years old, and a daughter, Sarah, who is four years old. Sarah is enrolled in a child care program several blocks from the Caldwell's neighborhood. Mark is in the third grade in an elementary school, which is in a different neighborhood from the child care center and Anita's office. Anita has no other family members living in the town where they reside. What will be Anita's major challenge on a daily basis with her situation as a single parent?

Case Study 2

Jack and Darla Monroe recently divorced. Darla has custody of the children, Sandra (age 13), Robert (age 10), and Leon (age 5). Jack has moved and Darla has not received any child support money from him since the divorce. Darla did not graduate from high school and has never been employed before. She is hunting a job but is having a difficult time since she has no education, work experience, or skills that qualify her for the job openings in her community. She is presently receiving welfare checks. What is Darla's major challenge with being a single parent? Explain how this problem leads to other difficulties in caring for her children.

Case Study 3

Will Phillips is the young father of a six-year-old son, Blake. Will and his wife recently separated. His wife, Phyllis, has moved to another city with her parents, leaving Will with Blake. Will was recently employed in a new job and only had a limited amount of sick leave to take. After Will used his sick leave during an illness, Blake became ill. Will only has one day of vacation time he can take. After this, he cannot miss work or he may lose his job. Blake needs to be taken to the doctor and cared for at home for a few days. Explain Will's challenges which result from being a single parent.

Case Study 4

Olivia Solis is a single parent of two sons, ages seven and ten. She is engaged to be married to Henry Ramos who is also a single parent of two sons ages six and eight. After the wedding, all four boys will be living together with their parents. Explain some of the challenges which may occur with such a blended family.

Case Study 5

Mark and Angelica Gomez (ages four and five) just moved in with their grandparents. Their parents were in a car accident which killed their mother and left their father in a coma. The father is in a long-term care facility. The grandparents, Julio and Maria Gomez, have had to move all of the family's belongings from the children's and grandchildren's home. A lot of the household items were put in storage. The grandchildren now live with their grandparents. The older Gomez couple are retired and in their mid-sixties. Until now, they have had a comfortable pension to live on. The children received money from their mother's life insurance policy which has been put into a trust fund that they will be eligible for when they are eighteen years of age. The grandparents are wondering if their pension will be adequate to raise young children. Mr. Gomez has considered getting a part-time job. What are the major challenges that the Gomez family may face?

Activity 5-4 • True/False

Directions

Review the impact of a family's ethnic background, religion, income level, and mobility on the development of children. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Learning the customs of different ethnic groups helps children to learn to accept and like children from ethnic groups which are different from their own.

_____

T F 2. The different religious beliefs held by different families actually have little effect on the values and behaviors of children.

_____

T F 3. A child who has chances to go places, see things, and have different toys and books may develop better socially and cognitively than a child whose family cannot afford such things.

_____

T F 4. It has been found that a family's income level does not have much effect on the development of their children.

_____

T F 5. When children are young, they have no problems adjusting if their family moves to a new place. Meeting new friends is rarely a problem for children.

_____

Directions

To review the ways in which influences such as playmates, television, culture, videos, media, and social institutions affect the development of children, complete the following activity. Read each statement. Then, write the missing word(s) in the blanks to complete each sentence.

1. _____ _____ is the group influence which children of about the same age have on each other. This influence is most powerful if the group is small and close. It is also greater when the groups is together.

2. Having _____ relationships with other children is important for preşchool children because they learn to get along with other people and to cooperate.

3. _____, _____ _____, and _____ _____ programs which show aggression, shooting, fighting, and other violence may teach children that these kinds of actions are acceptable.

4. Children may use people seen on television as _____ or heroes and repeat their actions or habits.

5. A _____ is a group of people who live in a certain place or general area and share a common heritage.

6. A common heritage shared by a society is called a _____. It includes ways of behaving, thinking, and feeling.

7. Schools, neighborhoods, religious organizations, friends, communities, and the government are examples of _____ _____.

8. The process which allows children to learn about their culture and be members of society is called _____.

Activity 5-6 • True/False

Directions

Complete the following activity to review appropriate ways for child caregivers to communicate with parents. Decide if each statement explains an appropriate way for a child caregiver to communicate with parents. If so, place a ✔ in the "Yes" column. If the statement is not an appropriate way to communicate with parents, place a ✔ in the "No" column.

Communication With Parents

Statement	Yes	No
1. It is helpful for a caregiver to understand how families affect children's values and behaviors.		
2. Caregivers should assume that they are the primary caregivers for each child enrolled at the child care facility.		
3. Caregivers have the right to influence children's behaviors and values as they wish.		
4. Listening to parents and observing how they relate to their children may help a caregiver better understand a child's behavior or problems.		
5. Caregivers should answer parents' questions nicely and honestly.		
6. If parents ask for information that you are not qualified to give, think about it and give them your best answer.		

BEST COPY AVAILABLE

Chapter 6

The Child Care Environment

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 6:

- 1A Analyze licensing and accreditation standards.
- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.
- 7B Practice effective communication skills.
- 12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

A child care environment includes interactions of people, arrangement of time and space, and use of all parts of a facility. A wholesome child care environment cares for children, encourages them to want to learn, and promotes optimum development. This chapter explains how indoor and outdoor learning spaces, furnishings, equipment, and supplies can be best used to enhance the development of children. The emotional, social, and cognitive aspects of the environment are examined in relation to ways that caregivers can create the most positive and wholesome environment for children.

Activity 6-1 • Descriptions

Directions

Read each statement describing space arrangement. Review guideline for arranging indoor and outdoor space by completing the following activity. In the appropriate column, place an **X** to designate whether the statements refer to indoor space or outdoor space.

Indoor Space	Outdoor Space	Space Arrangement
		1. This space should have good heating, ventilation, and should not be too noisy.
		2. This space allows for arrival and departure, emergency aid activities, toileting, food preparation, and sleeping.
		3. This space should be enclosed with a fence to safely keep children inside.
		4. This space should be planned so children can hang up their own coats and do as much for themselves as possible.
		5. This space should have two unlocked exits so that children can be taken out quickly in case of an emergency.
		6. In this area gate latches should be high enough to be out of reach of children.
		7. For use of this area, a bathroom is convenient near the entrance of the building.
		8. In this space, there should be an area where an assigned worker welcomes and receives children each day.
		9. A special area in this space is reserved for use when a child is sick or injured.
		10. Supervision of children in this space is especially crucial.
		11. Each group of children should have a separate space designed to fit their needs.
		12. In this space, each classroom should have a bathroom space with child-sized bathroom fixtures for the age group using them.
		13. In this space, the food serving and preparation areas should meet the highest safety, health, and nutritional standards.
		14. This space should have various natural settings like fresh air, sunlight, and shade for children's enjoyment and development.
		15. Sleeping arrangements must be made for every child in this area.

Indoor Space	Outdoor Space	Space Arrangement
		16. In this space, a variety of different surfaces will provide texture and tactile experience.
		17. In this space, areas are needed for use of wheeled toys, water play, running, and other similar activities.
		18. The majority of the surfaces for this area should be soft, but hard surfaces should also be available.
		19. Less active experiences, such as painting, dramatic play, fingerpainting, and storytime, could be provided in this space.
		20. Both quiet, secluded spaces and large, open spaces should be provided.

Activity 6-2 • Sentence Completion

Directions

Review types of furnishings, equipment, and supplies that create a wholesome child care environment by completing the following activity. Select the most appropriate word(s) from the word list to best complete each sentence. Write the word(s) in the appropriate blank.

Word List

carpeting	food service	sizes
cribs	furnishings	storage space
consumable supplies	hook	sturdy
developmental level	outdoors	teachers
equipment	preschoolers	toddlers

1. Child care _____ should be easy to move, easy to clean, child-sized, and usable for different purposes.

2. Tables and chairs should be selected for the _____ of the children and the type of child care program.

3. Tables and chairs for a child care facility should be _____ and designed so they do not turn over easily.

4. Most indoor _____ _____ such as bookcases, shelving, or dividers will line, or be built into, a wall.

5. Each child should have his or her own _____ for clothing and a shelf, bin, or cubbyhole for storing personal items.

6. Indoor storage space should be provided for _____ to store cleanup and maintenance equipment, personal belongings, supplies, and equipment not in use by the children.

7. _____ are necessary furnishings for child care programs with infants and young toddlers.

8. Since many indoor child care activities take place on the floor, _____ is useful in some activity areas.

9. _____ includes items that can be used over and over, such as books, puzzles, games, and block.

10. _____ _____ are items such as paper, crayons, paint, play dough, paste, and marking pens that will eventually be used up.

11. Appropriate equipment and supplies should be chosen to fit the needs of the age group or _____ _____ within each learning center.

12. Equipment should be available for taking infants _____ for limited periods of time when the weather allows it.

13. It is often best to group indoor equipment for _____ so that toys which are the same type are grouped together.

14. Indoor equipment and supplies for _____ are usually organized and stored in classroom learning centers.

15. _____ equipment and supplies should be chosen which are nonbreakable and which children can easily use by themselves.

Activity 6-3 • Puzzle

Directions

Read the clues below to determine the meaning of each word regarding a healthy emotional environment for children. Write the word in the puzzle boxes to the right of the number corresponding to the number of the clue. Begin the puzzle with the first clue.

1. A _____ emotional environment may radiate fear, anger, boredom, nervousness, hurriedness, impatience, and/or rudeness.

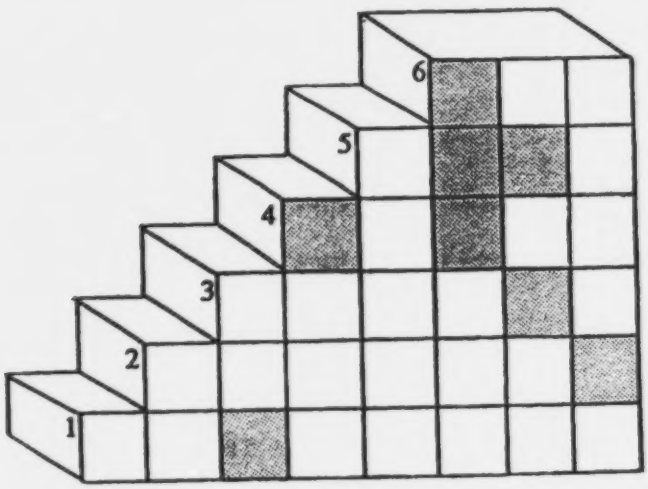
2. A positive emotional _____ radiates friendliness, concern, happiness, fun, love, security, respect, openness, and fairness.

3. Symptoms of emotional _____ in young children may include dependence on others, excessive crying, aggression, thumb-sucking, nervous habits, and withdrawal.

4. Too much _____ or stimulation activity may cause children to be too active.

5. The emotional climate of the child care setting is like the wind because it can be _____, although it cannot be seen.

6. When the emotional climate of a child care facility is positive, there will be friendliness, concern, happiness, love, security, respect, and children will have _____ being there.



After completing all puzzle boxes above, remove the letters in the shaded boxes. Unscramble these letters to make a word that best completes the summary sentence below.

A positive child care environment should help children to be independent, to learn self-control, and to express their _____ _____ _____ _____ _____ _____ _____ _____ in a positive way.

DIRECTIONS

Part I: Place an **X** next to the items below which are goals to be considered or methods to use in helping children develop social skills. List other factors that might help children with social skills if they are not listed below.

____ 1. Learning to run relay races

____ 2. Developing a good self-image

____ 3. Setting up activities when two or more children can participate at the same time

____ 4. Providing children with a cozy corner for time alone during the day

____ 5. Giving singing lessons to individual children

____ 6. Encouraging children to participate in dramatic play in the housekeeping center

____ 7. Punishing a child for too much talking during play time

____ 8. Planning an activity for children to use pretend fire hoses and hats

____ 9. Praising a four-year-old child for helping a friend pick up toys

____ 10. Arranging children in teams of two to do a simple science experiment

____ 11. Allowing children to only play in the sand box one at a time

____ 12. Allowing one child each day to ask a question during show and tell time

____ 13. Suggesting that one child ask a friend to help her in stacking big blocks

____ 14. Providing activities which teach children to hang up their own coats

____ 15. _____

Part II: Select two or three methods listed above that you feel would be excellent ways to help children develop social skills. On a separate sheet of paper, tell why you selected the methods. Explain how you would use those methods as a caregiver to create a positive social environment for children.

Activity 6-5 • Multiple Choice

Directions

Test your knowledge of factors that affect the cognitive/intellectual environment in a child care program. Place the letter of the best answer in the blank to the left of each item below.

_____ 1. The cognitive/intellectual environment of a child care program is
- A. greatly affected by the physical, emotional, and social environments.
- B. affected only by the related emotional and social environments.
- C. created mainly by the way in which the classrooms are arranged.
- D. only present in a child care program for other children.

_____ 2. To experience best learning, children
- A. should be in a child care program where the social environment is not emphasized.
- B. should be in a social environment planned for their ages and levels of social development.
- C. require structured lectures from the teacher.
- D. should be allowed to choose all of their own activities and learn by discovering.

_____ 3. Encouraging children to use their senses
- A. limits the types of experiences they can have.
- B. promotes intellectual development.
- C. limits their curiosity.
- D. can only be done with outdoor activities.

_____ 4. Learning begins at
- A. birth.
- B. infancy.
- C. toddlerhood.
- D. preschool.

_____ 5. Infants need the stimulation of
- A. colors.
- B. textures.
- C. sounds.
- D. all of the above.

_____ 6. Toddlers
- A. can memorize most information.
- B. understand detailed instructions.
- C. learn through exploring.
- D. have longer attention spans than preschoolers.

_____ 7. Preschool-age children
- A. have longer attention spans than toddlers.
- B. can memorize less than toddlers can.
- C. are not yet able to follow simple rules and directions.
- D. require little guidance from adults.

_____ 8. Children need adult caregivers to
A. set consistent limits.
B. understand them.
C. provide a variety of activities.
D. provide all of the above.

_____ 9. When adults set limits for children, they are
A. slowing children's cognitive development.
B. helping children learn to pretend.
C. limiting children's view of the world.
D. giving children a sense of structure and organization.

_____ 10. The future of children is greatly influenced by the
A. quality of the environments in which they grow and learn.
B. quality of the outdoor play equipment.
C. quality of the dramatic play activities.
D. quality of their past experiences.

Chapter 7

Health Awareness

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 7:

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3A Observe screening and other health assessment techniques.

3E Practice techniques that promote good health and safety in young children

3F Describe appropriate methods of administering and storing medications.

12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

Health affects the way a child grows, learns, and behaves. Good physical and emotional health allows children to utilize their abilities to their fullest. A disease, an abnormal condition, an injury, and physical or emotional abuse may damage a child's health, limiting opportunities. Early recognition and treatment of any of these conditions is important.

Activity 7-1 • Sentence Completion

Directions

Unscramble the words in the left-hand column to complete the sentences regarding the importance of good health for children and child caregivers. Write the word in the space provided.

_____ 1. The child's L T H H A E affects the way he or she grows, learns, and behaves.

_____ 2. Good Y L A S C I H P and L E M O I N T O A health allows children the chance to benefit from all of their abilities.

_____

_____ 3. A disease, an abnormal condition, an injury, physical abuse, mental abuse, or neglect may A A E M D G a child's health.

_____ 4. Early O O I I R G E N N T C and treatment of any unhealthy condition, injury, or abuse is important to the future of children.

_____ 5. It is important for child caregivers to be A L H Y T E H in order to properly perform their duties and to reduce the spread of diseases.

Directions

Place an **X** next to the items below which are characteristics of a healthy child. List other qualities you can identify which also describe a healthy child.

_____ 1. Is active

_____ 2. Has normal bowel movements

_____ 3. Has clear skin

_____ 4. Enjoys only group activities

_____ 5. Has straight posture

_____ 6. Is rarely noisy

_____ 7. Has dull hair

_____ 8. Feels content with familiar things

_____ 9. Is curious

_____ 10. Does not get excited about new experiences

_____ 11. Has a short attention span

_____ 12. Worries about family problems

_____ 13. Trusts other people

_____ 14. Gains weight very slowly

_____ 15. Eats only when caregivers feed him/her

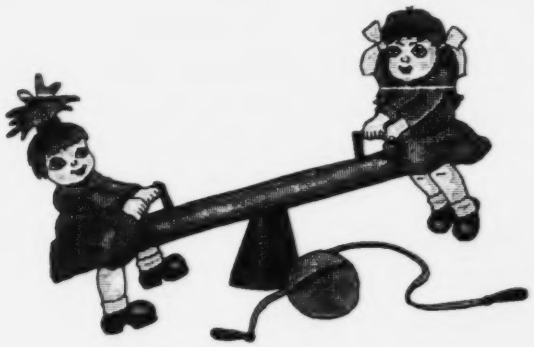
_____ 16. Has strong white teeth

_____ 17. Wakes up often during the night

_____ 18. Eats nutritious food

_____ 19. Steadily grows taller and gains weight

_____ 20. Feels good about themselves



Activity 7-3 • Short Answer

Directions

Part I: To review the symptoms of illness which are easy to identify in children, complete the following activity. In the spaces beside the arrows, list symptoms of illness in children. List the 14 symptoms discussed in the reference book.

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

⇨ _____

Part II: Write a short paragraph explaining why you feel it is important for child caregivers to be able to recognize and identify symptoms of illness in children.

Activity 7-4 • True/False

Directions

Read each statement about diseases found in group child care settings. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. In group settings, young children are exposed to diseases more often than they are at home.

_____

T F 2. Some studies have shown that children in child care may be ill more frequently than children who are not enrolled.

_____

T F 3. As children experience illness and immunities to bacteria in the environment are built, the occurrence of illness is increased.

_____

T F 4. Lice are often spread by a child with unclean hair and scalp; children with clean hair and scalp cannot become infected.

_____

T F 5. A child infected with head lice should be sent home for treatment and be allowed to return after the appropriate treatment.

_____

T F 6. It is not necessary to notify other parents when a child has been infected with head lice.

_____

T F 7. Young children often carry the disease, but adults usually suffer from the disease.

_____

T F 8. Hepatitis A is carried by insects that transmit the disease.

_____

T F 9. Impetigo is an inflammation of the eye.

T F 10. Caregivers should be careful to wash hands thoroughly after diapering infants or when assisting children with toileting needs.

Activity 7-5 • Case Study

Directions

Summarize the appropriate actions for a caregiver to take when a child becomes ill by completing the following activity. Read the situation described below. Respond to the situation by writing answers in the spaces provided.

Amy is a six-year-old child who attends the Hillcrest Child Care center where you work as a child caregiver. During the art activity, Amy became ill. She says that her stomach hurts and she has a headache. You are assigned by the teacher to care for Amy until her parents can be contacted and come to get her. In the spaces below, briefly summarize the important steps you should follow in caring for Amy properly. Some steps may require extra explanations.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

6. _____

_____

7. _____

_____

Activity 7-6 • Short Answer

Directions

Read each of the following questions in regard to communicating health and safety information. Write your responses in the blanks provided.

1. Explain the importance of communicating health and safety information to parents.
   a. _____
   b. _____
   c. _____

2. What does providing information to parents allows to do?
   a. _____
   b. _____
   c. _____

3. In regard to illnesses and accidents, what specific information must the child care center provide child care licensing?
   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

Activity 7-7 • Matching

Directions

Listed below are some communicable childhood illnesses. Match each with its characteristics by putting the letter of the disease in the blank to the left of the characteristics. Each letter will be used only once.

Characteristics

____ 1. whites of eyes redden

____ 2. slight fever, small blisters on chest and back

____ 3. sudden chills, sudden high fever, body aches

____ 4. blisters that break open and form crusty sores

____ 5. fatigue, yellowish skin

____ 6. gray or black lines under the skin

____ 7. runny nose, sneezing

____ 8. headache, sore throat, swollen neck glands

____ 9. dry, circular patches on skin

____ 10. nits along the hair shaft

Communicable Childhood Diseases

A. Chicken pox
B. Common cold
C. Flu
D. Head lice
E. Hepatitis A
F. Impetigo
G. Pinkeye
H. Ringworm
I. Scabies
J. Strept Throat

Activity 7-8 • True/False

Directions

Review appropriate care of children with chronic, handicapping, or progressively severe illnesses by completing the following activity. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. An allergy is a handicapping condition.

_____

T F 2. When a child is allergic to a specific food, the child's diet must be monitored closely.

_____

T F 3. All allergy medications given to children allow them to play and participate in activities as usual.

_____

T F 4. The most important thing to watch with a diabetic child is his or her sleep habits.

_____

T F 5. Some type of candy snack is helpful for diabetic children midway between meals to raise their blood sugar levels.

_____

T F 6. Hyperglycemia and hypoglycemia are two types of diabetic comas.

_____

T F 7. Most children with epilepsy must be given large doses of medication several times during the day.

_____

T F 8. Besides the possible injury caused by a fall, a grand mal seizure resulting from epilepsy is not physically dangerous to a person.

_____

T F 9. A child with an emotional/behavioral handicap will often have trouble interacting with other children.

T F 10. Any child caregiver who is a certified teacher is authorized to give insulin shots to diabetic children.

T F 11. To prevent frustration in children with progressively severe illnesses, it is best for them to not have to try new things or care for themselves.

T F 12. Caregivers should help children with physical disabilities cope with their conditions and develop independence.

Activity 7-9 • Matching

Directions

Listed below are some illnesses that children may have. Match each illness with its characteristics by putting the letter of the illness in the blank to the left of the characteristics. Some letters may be used more than once.

Characteristics

____ 1. electrical malfunction of the brain

____ 2. hereditary disease of the pancreas and lungs

____ 3. oddly shaped red blood cells unable to carry oxygen

____ 4. neuromuscular disorder caused by lesions in the brain

____ 5. body's immune system is destroyed

____ 6. abnormal sensitivity of the body to a substance in the environment

____ 7. body's cells are unable to obtain or use enough insulin

____ 8. serious lung condition

____ 9. grand mal seizure is the most serious

____ 10. hyperglycemia coma may result

Illness

A. AIDS
B. Allergies
C. Asthma
D. Cerebral Palsy
E. Cystic Fibrosis
F. Diabetes
G. Epilepsy
H. Sickle Cell Anemia

Activity 7-10 • Internet Search

Directions

Locate at least one Web site about Shaken Baby Syndrome from the list below. From your investigation, compete the following information.

www.shakenbaby.com/
www.dontshake.com
www.biausa.org

URL or Web Site Address:

Official Name of Web Site:

Address and Telephone Number:

Mission (Goals and Objectives):

Important Facts about Shaken Baby Syndrome:

Resources Available:

Chapter 8

Safety Awareness

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 8:

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3E Practice techniques that promote good health and safety in young children.

3F Describe appropriate methods of administering and storing medications.

12D Summarize legal aspects of the child care and guidance, management, and services industry.

Introduction

Safety is everyone's responsibility. All of the adults in a child care center - child care practitioners, teachers, kitchen personnel, van drivers, and volunteers – should be observant and safety conscious. Accidents are the major cause of injury and death among young children. Therefore, planning and maintaining safe surroundings is critical. This is accomplished by following safety regulations, continually monitoring the environment, and teaching children safety information appropriate to their ages.

Activity 8-1 • Short Answer

Directions

In each of the safety signs, respond to each statement about safety regulations and procedures in the space provided.

Safety is everyone's responsibility.

Various groups that may influence safety regulations in child care centers include the following:

Safe indoor and outdoor environments for young children require careful planning and constant checking.

Activity 8-2 • Fill-in-the-Blank

Directions

Review the responses and injuries section by selecting the most appropriate word or words to best complete each sentence.

1. The term _____ refers to an unplanned or unexpected event.
2. _____ accidents do not require medical treatment and can be attended by a caregiver or school nurse.
3. Major injuries require the attention of _____ _____.
4. Caregivers should be trained in first aid and _____.
5. Caregivers should also have access to a _____ _____ _____ at all times.
6. When a child receives a minor injury the caregiver should attend to the child _____ to determine the severity and type of injury.
7. If a child has a cut or scrape, the caregiver should put on _____ _____.
8. The caregiver must complete an _____ _____ for any accident or injury.
9. When major accidents or injuries occur, caregivers must react _____.
10. One caregiver should take the _____ role, attending to the child make, make decisions, and tell the other caregiver what need to be done.
11. It is important to remember that an injured child should not be left _____ at any time.
12. Contact the _____ _____ on designated contact person if the injury is not life threatening.
13. If the injury is life threatening or requires medical attention, call _____ and then contact the parent.
14. Any accident requiring medical attention must be _____ reported in Texas.
15. Communicating with child care _____ _____ provides protection for both the child and the child care facility.

Activity 8-3 • Scenarios

Directions

Summarize the appropriate actions for a caregiver to take when a child becomes injured by completing the following activity. Respond to the scenarios by writing answers in the spaces provided.

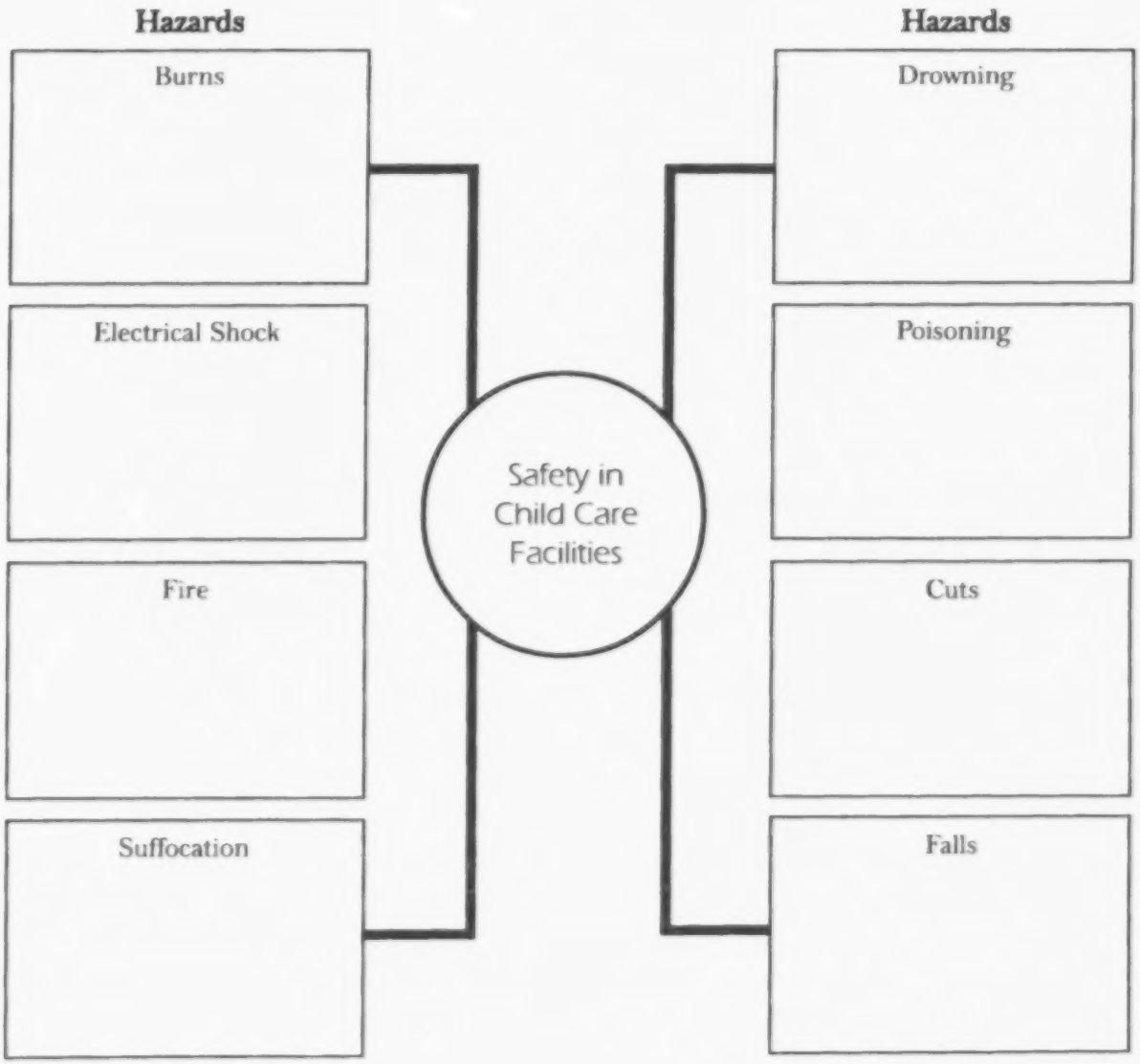
Andy is a four-year-old boy who attends the child care center where you work as a teacher assistant. During the manipulatives activity, Andy accidentally mashed his finger when some large wooden blocks toppled over on him. Andy is crying and his index finger is turning blue and swelling. The teacher asks you to care for Andy. In the spaces below, briefly summarize the important steps you should take in caring for a child with a minor injury. Some steps may require additional explanations.

Jamie and Karl are playing on the monkey bars at the child care center playground where you are employed. They are in the preschool class and both enjoy active play. Both of the boys are on the top of the bars when Jamie accidentally slips and falls on the back of his head. He is laying unconscious at the bottom of the monkey bars. You and another assistant are monitoring the class. In the spaces below, briefly summarize the important steps you should follow in caring for a child with possibly a major injury. Some steps may require additional explanations.

Activity 8-4 • Idea Graph

Directions

Review the information on safety foods and complete the "idea graph" below. In the boxes, write the main ideas of the safety in the environment section.



Activity 8-5 • Sentence Completion

Directions

Review hazards that could cause burns, electrical shock, or fire by selecting the most appropriate word(s) from the list that best complete(s) the sentence. Fill in the blank(s) to complete each sentence.

Word List

baking soda	flammable materials	spontaneously combustible materials
combustible materials	inspection	stored
curiosity	kitchen	surfaces
electrical shocks	liquid	water heater
exits	open flame	
fire codes	physical barriers	

1. Small children can be burned easily as a result of their _____ and activity.
2. Burns may be caused by contact with a/an _____ _____, such as in a gas heater or stove.
3. Touching hot _____ or hot _____ can cause serious burns.
4. Burns caused by plugs, appliances, or electrical cords are called _____ _____.
5. Caregivers should check to see that _____ _____ are in place that keep children away from heaters are securely in place.
6. No children should be allowed in the child care center's _____ when food is being cooked.
7. To keep tap water in the bathrooms at a safe temperature, check the setting on the _____ _____.
8. Child care centers are responsible for checking the dates of the most recent _____ of the center, including when the fire alarm system and the fire extinguishers were last checked.
9. _____ _____ are substances such as glue or cleaning solutions which ignite with an explosive reaction and produce fumes.
10. Each classroom should have two _____ that are unlocked and not blocked by furniture, equipment, toys, or trash.

11. _____ _____ are items, such as old newspapers and empty cardboard boxes, which ignite easily when touched by a flame.

12. _____ _____ _____ are items, such as rags, used in waxing or cleaning, which ignite on their own if stored in tight spaces.

13. Matches, cigarette lighters, and other fire-producing items should be_____ out of view and reach of children.

14. _____ _____ can be used to put out small grease fires in the kitchen.

15. Strict enforcement of _____ _____ by different government agencies shows that fire safety is an important concern.

Activity 8-6 • True/False

Directions

Review hazards that could result in suffocation, drowning, cuts, falls, and other accidents by completing the following activity. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Suffocation involves strangling or dying from lack of oxygen.

_____

T F 2. Entrapment involves suffocation caused by a plastic bag.

_____

T F 3. It usually requires a large amount of water for a child to be in danger of drowning.

_____

T F 4. An old refrigerator should be stored with the door open so that the inside of the unit can air out.

_____

T F 5. All hazards in a child care center that could cause cuts are located in the kitchen area.

_____

T F 6. Serious injuries have resulted from heavy objects falling on young children.

_____

T F 7. Clutter in traffic paths can cause bumps, bruises, and falls.

_____

T F 8. The most frequent cause of serious injuries on playgrounds is children falling on wet surfaces.

_____

T F 9. Improper use of storage of tools or equipment could be hazardous to young children.

_____

T F 10. To prevent accidents, children should enter and leave cars from the side of the car closest to the street.

_____

T F 11. When a group of children are waiting for rides at the same times, they should be kept together and supervised by a caregiver.

_____

T F 12. If a stray dog appears on the playground during play time, it would be a good learning experience for the caregiver to allow the children to pet the animal in order to learn about caring for animals.

_____

T F 13. As long as poisonous substances are clearly labeled, they can be stored in other containers.

_____

T F 14. Safe toys and equipment should only be used with children of the appropriate level of development.

_____

T F 15. Traffic paths should be kept free of toys, furniture, and other objects.

_____

Activity 8-7 • Case Study

Directions

Read the case situation below. In the spaces provided, name the hazards you recognize relating to the storage and use of poisonous substances.

The Sunshine Village Child Care Center is trying to raise funds to buy new playground equipment. Parents are to help raise funds by having a flea market one weekend. In the meantime, the child care center director has given the parents permission to store items for the sale in an old storage shed which is attached to the back of the child care center. The shed also holds wheeled toys, jump ropes, balls, and other play equipment that preschoolers and kindergarten-age children use on the playground. The flea market items (mainly old clothes) are being stored in one corner of the large shed. The shed has shelves over that corner to hold a variety of gardening supplies. The shelves hold gasoline in cans (for the lawnowners), rodent killers, lighter fluid for the outdoor grill behind the center, spray paint used for outdoor art active, and light brown liquid in a glass container which is not labeled.

The only times the storage shed is unlocked during the day is when the gardener mows the playground lawn and when children need to use some of the toys stored in the shed. Name the possible hazards you recognize in this situation.

1. _____

_____

2. _____

_____

3. _____

_____

82 _____

Activity 8-8 • Short Answers

Directions

As part of your classroom study, you have been asked to give a short report on child care transportation safety. Summarize general rules that should be followed for child care transportation safety.

1.

2.

3.

4.

5.

6.

7.

8.

Activity 8-9 • Application

Directions

Review the following statements from the safety in group play and safety education sections. Respond to each statement by writing an example that may occur. One example has been provided.

1. Group play involves continuous supervision by caregivers and skills in promoting safety among children.

   Example: The teacher and assistant teacher place themselves in the classroom so that they can observe all children in the various learning centers.

2. If caregivers see unsafe behaviors in children, they should briefly tell the children in simple terms why the behavior is unsafe.

   Example:

3. Caregivers should also realize that children forget easily and may need to be reminded about safety.

   Example:

4. Part of children's development involves learning to be responsible for their own safety and for the safety of those around them.

   Example:

5. Child caregivers should help children with decisions and behavior that keep their surroundings safe.

   Example:

Chapter 9

Health and Safety Procedures in Child Care

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 9:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3A Observe screening and other health assessment techniques.

3B Describe effective methods of recording health-related information.

3E Practice techniques that promote good health and safety in young children.

3F Describe appropriate methods of administering and storing medications.

6C Demonstrate safe and sanitary food handling practices.

7D Set up guidelines for assisting children with routine activities.

12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

An important part of a quality child care health program is detection and prevention of illness and injury. To accomplish this, child care programs should set good guidelines, and staff members must follow correct procedures. These procedures include screening and other health assessment methods and good health and hygiene practices. Health assessment is the overall process of evaluating health strengths and needs. Children should be referred to health professionals when specific needs are identified. Quality child care programs will include a health education program and maintenance of accurate health records.

Activity 9-1 • Sentence Completion

Directions

Review health assessment techniques by selecting the most appropriate word or words to best complete each sentence. Place the most appropriate word(s) in the blank(s) in each sentence.

1. _____ _____ are examinations done to detect specific health problems.

2. It is very important to detect any _____ severe illnesses which can be treated and stopped in their early stages.

3. There should be concern about diseases that _____ easily in group child care settings.

4. _____ health rules may require screening tests for specific age groups.

5. A screening test, by itself, does not definitely _____ that a person has a certain disease or condition.

6. A child care center should get written permission from _____ before screening tests are used at the center.

7. A/an _____ _____ is an up-to-date written account of all events known to affect a child's health in the past.

8. _____ _____ involve caregivers watching children carefully in order to notice any possible disorders or illnesses.

9. It is important to remember that _____ , not child care employees, make final decisions about their child's health.

10. _____ _____ is the overall process of evaluating health strengths and needs.

Directions

Read each statement about a healthy child care environment. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. If the temperature in a child care center is too warm or too cool, children may be more likely to develop certain illnesses.

_____

T F 2. Poor lighting in rooms and activity areas may cause eye strain.

_____

T F 3. In dry climates and/or in winter, it may be a good health practice to add humidity to the air in a child care center.

_____

T F 4. Caregivers should avoid having doors and windows open during warm weather because of poor temperature control.

_____

T F 5. It is healthy for children to play outdoors each day, if possible.

_____

Activity 9-3 • Scenarios

Directions

Review appropriate dress for children by completing the following exercise. Read each statement. Respond by supplying clothing suggestions that might improve the situation for the child involved.

Scenario 1

Mrs. Rutherford is getting her son, Bobby, ready to go to the child care center. The weather is warm outside, so Mrs. Rutherford dresses Bobby in shorts and a tank top. What other things should this parent consider in choosing her son's clothes?

_____

_____

Scenario 2

Cindy, a four-year-old, was playing on the playground at the child care center and fell into a puddle of mud. She had on her best Sunday dress and she is afraid her mother will be angry at her. How could the parent have prevented this problem?

_____

_____

Scenario 3

Mrs. Ramos, the caregiver at a child care center encourages the children who are enrolled there to dress and undress themselves as much as possible. What suggestions can you make for the children's parents about how they can help their children with these tasks?

_____

_____

Directions

Part I: Below is a list of steps that should be followed to properly wash your hands while working at a child care center facility. The steps are not listed in the correct order. Number them in order by first placing the number 1 in the blank to the left of the step which should be listed first. Then, number the other steps in the order they should be followed.

_____ Leave the water running.

_____ Rub hands vigorously while washing.

_____ Rinse hands well.

_____ Turn off the water using a paper towel instead of bare hands.

_____ Use soap and warm running water.

_____ Dry hands with a disposable paper towel.

_____ Wash backs of hands, wrists, between fingers, and under fingernails well.

Part II: In the spaces below, describe situations occurring in a child care facility that require use of this handwashing procedure.

1.
2.
3.
4.
5.
6.

Activity 9-5 • Checklist

Directions

Place a ✔ by the following practices which you follow when working with children. Put an **X** by the practices that do not apply to your present duties. Place a star ★ by the practices you honestly should work on for needed improvements.

_____ 1. I use disposable tissues (not handkerchiefs) for runny noses.

_____ 2. I throw away disposable tissues immediately after using them.

_____ 3. I see that children use their own labeled washcloths, towels, toothbrushes, sheets, blankets, and cots (rugs or mats).

_____ 4. I always turn my head and cover my mouth if I have to cough or sneeze.

_____ 5. If I am sick, I report any illness or infection to my supervisor.

_____ 6. I keep my body, hair, nails, and clothing neat and clean.

_____ 7. I wash my hands properly as instructed in Chapter 7.

_____ 8. I use disposable plastic or rubber gloves if I must come into contact with bodily fluids of children with contagious diseases.

_____ 9. I use disposable surfaces which are thrown away if I diaper an infant or toddler.

_____ 10. I place disposable diapers and diapering surfaces in the proper sanitary container.

_____ 11. I always have very clean hands when preparing or serving food.

_____ 12. I avoid touching my hands to my face, mouth, or hair while preparing or serving food.

_____ 13. I keep my hair in place with a hair covering when preparing or serving food.

_____ 14. I do not use cooking or serving utensils to taste food.

_____ 15. I wash my hands and equipment or utensils after one use and before using them to prepare a second food.

_____ 16. I do not prepare or serve food when I have an infected wound, boil, respiratory infection, or other communicable disease.

_____ 17. I follow sanitary procedures for washing utensils, dishes, and food-related equipment as instructed by my supervisor.

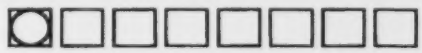
Activity 9-6 • Sentence Completion

Directions

Complete the sentences in this activity to review possible symptoms of children who do not eat well-balanced diets. Complete each sentence by placing the most appropriate word in each blank.

1. Children who do not eat well often lack the _____ to engage in active play.

2. Children who have poor nutrition may have an unusually large _____ while at the child care center.

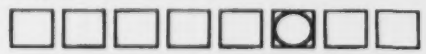


3. Poorly nourished children may have more _____ or injuries than usual.

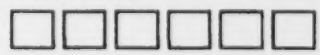
4. As a result of poor nutrition, a child may lose _____ or stop _____.

5. Eating too much junk food can cause _____ in children.

6. _____ of the gums and under the skin may be a symptom of poor nutrition.

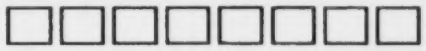


7. _____ in the skin at the corners of the mouth may indicate that a child has poor nutrition.



8. Poorly nourished children may be less _____ and slower to react because of low blood sugar.

9. _____ and ethnic customs may influence children's foods and dislikes.



10. The state of the child's health affects the child's _____.

◆ To solve the problem of poor nutrition of children, fill in the blank in the following sentence by making a word from the circled letters from the ten sentences.

Children's nutrient needs should be met by eating a V _____ of foods from the Food Guide Pyramid.

Directions

Complete this activity to review the importance of immunization and the role of parents and caregivers in seeing that children are immunized. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. All communicable diseases are preventable through immunization.

_____

T F 2. The caregiver is responsible for seeing that children enrolled at the child care center are immunized.

_____

T F 3. When an immunization is given, a very small amount of a particular disease germ is injected into the bloodstream.

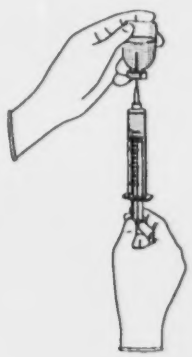
_____

T F 4. State child care licensing standards usually specify what immunizations are required for children enrolled in child care programs and by what ages immunizations are required.

_____

T F 5. Parents are usually required by a child care program to simply sign a form saying that their child received all required immunizations.

_____



Activity 9-8 • Fill-in-the-Blank

Directions

Unscramble the words in the left-hand column to complete the sentences about health education of young children in child care. Fill in the letters of the unscrambled words in the boxes.

1. IIARNTGN ☐☐☐☐☐☐☐☐	A child care health education program should begin with _____ for caregivers and should involve the parents as well as the children.
2. EETTGOHR ☐☐☐☐☐☐☐☐	Teachers and parents must work _____ to teach children the basics of good health.
3. PEXLAME ☐☐☐☐☐☐☐	Caregivers teach children good health habits by _____.
4. SCEAVRIEGR ☐☐☐☐☐☐☐☐☐☐'	_____ bodies, hair, nails, and clothing should be neat and clean.
5. PEXLNIA ☐☐☐☐☐☐☐	Besides modeling good health behaviors for children to learn, caregivers should also _____ the reasons for their actions.

6. YRQEEUFTLN ☐☐☐☐☐☐☐☐☐☐ SIDEPOS ☐☐☐☐☐☐☐	Caregivers should wash their hands _____ and should properly _____ of tissues used for covering coughs and nose bleeding.
7. AREGNNLI ☐☐☐☐☐☐☐☐	Planned activities for children can include _____ about basic rules of good health.
8. KOICNGO ☐☐☐☐☐☐☐	_____ experiences can include learning about the kinds of foods needed for good health.
9. WGHOTR ☐☐☐☐☐☐ RATHC ☐☐☐☐☐	A/an _____ _____ and scales for weighing children help children to see they are growing.
10. CCTPERIA ☐☐☐☐☐☐☐☐	Filmstrips, puppets, activity charts, and other audiovisual materials can be of use to help children learn to _____ good health habits.

Activity 9-9 • Short Answer/Writing

Directions

Part I: Review the importance of accurate and accessible child care health records. In the space provided, list three important reasons for keeping good records.

1. _____

_____

2. _____

_____

3. _____

_____

Part II: Write a short paragraph summarizing the types of information which should be included in children's health records at a child care facility.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Chapter 10

Handling Emergencies

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 10:

1A Analyze licensing and accreditation standards.
1D Identify the chain of command and responsibilities of each employee.
2A Evaluate safety and sanitation standards in a child care setting.
2B Practice emergency and evacuation procedures.
3B Describe effective methods of recording health-related information.
3D Utilize appropriate procedures for reporting accidents.
3E Practice techniques that promote good health and safety in young children.
12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

Emergencies can happen at any time, and employees of any child care facility must be prepared to deal with unexpected situations. Many states require first aid training and CPR certification for child caregivers.

Child care centers and individual child caregivers can be legally liable if a child is injured due to caregiver neglect or wrong action. Following strict emergency policies will insure that children are safe. This chapter will increase awareness of what to do in case of fire, severe weather, or medical emergencies.

Activity 10-1 • Sentence Completion

Directions

Part I: Each of the following sentences contains a scrambled word. To complete each sentence describing appropriate procedures to follow in case of a fire, write unscrambled words in the spaces provided.

1. _____ The first step in O E R P R I G T N a fire is to get help by notifying another caregiver.

2. _____ Getting help is important because it warns other E A R E R G S C I V of a fire and brings more people to help handle the emergency.

3. _____ All caregivers must act quickly in an emergency but should act in a calm and reassuring manner to avoid A I C N P.

4. _____ Getting L E R N D C H I safely out of the building is the most important priority during a fire.

5. _____ The fire department's telephone number should be clearly posted beside each O E E E H T P L N.

6. _____ In order to burn, a fire must have Y E O G N X, fuel, and heat.

7. _____ It is best to avoid fighting a fire U L F Y S O E R and follow correct procedures for getting help from other caregivers and the fire department.

8. _____ To put out a fire, you must remove one of its three E E I I S T D N G N R.

9. _____ When you choose to extinguish a small fire yourself, it is very important to keep a/an A E E P C S route open so you can get out if the fire gets bigger.

Part II: Complete the chart below by listing your local fire department's telephone number. List the information you should give if you must report a fire at a child care center.

In Case of Fire
Call _____
and report the following:

_____
_____
_____
_____
_____
_____

Directions

To review the information about moving to safety, respond to the situation below. Write your answers in the spaces provided.

Mrs. Baker is the director of a local child care center. She is in the process of writing an outline of the steps to follow when evacuation of the child care center is necessary. Help Mrs. Baker by completing the following list of steps started on the chart below.

Plans for Emergency Relocation

1. Know the signal or _____
2. Have the children gather near _____
3. Teacher assistants should look for children _____
4. Remind children to _____
5. Count _____
6. Do _____ before leaving the building.
7. One caregiver should be assigned to pick up _____
   _____
8. Lead the children to an assigned place outside at least _____
   _____
9. Keep the children _____ and _____
10. _____ in a calming and reassuring manner.
11. Protect children from _____
12. Do not release _____
13. After the emergency, re-enter the building only after _____
    _____
14. If relocation is necessary, follow _____
    after _____

Activity 10-3 • Pictograms

Directions

Part I: In the blanks provided, write the letter or word that best completes each sentence.

1. A fire consisting of wood, paper, or rubbish would be classified as a Class _____ fire.

2. A fire consisting of live electrical equipment would be classified as a Class _____ fire.

3. A fire consisting of gas, grease, or other liquids would be classified as a Class _____ fire.

4. Using the wrong type of fire extinguisher on a fire may make the fire _____.

Part II: Use the letters in the word "PASS" to remember directions for correct use of a fire extinguisher. Write the basic directions for fire extinguishers use below. Use the letter and word clues provided.

P ___ ___ ___ the _____.

A ___ ___ the _____.

S ___ ___ ___ ___ ___ ___ or _____.

S ___ ___ ___ ___ from _____.

Directions

Review procedures to follow for various weather-related emergencies by completing the following exercise. Read each of the case situations. Respond by writing the best answer in the space provided.

Case Study 1

A thunderstorm with high winds and lighting has frightened several of the children at the child care center where you work. One boy is fascinated by the storm and runs to the window to look out. What should you do to insure the safety and calmness of the children?

_____

_____

_____

_____

Case Study 2

As you care for children during a thunderstorm, the storm becomes more severe. Weather reports say that conditions may be a favorable for a tornado. If you hear that a tornado watch has been issued, what should you do? If a tornado warning is issued, what should you do?

_____

_____

_____

_____

Case Study 3
Mr. Burton, the director at the Seaside Child Care Center, is preparing for a guide for caregivers to use in preparing for responding to hurricanes. What types of information should Mr. Burton include in the guide?

Case Study 4
If blizzard conditions are common in your area, what precautions should you take as a director of a child care center?

Case Study 5
Pretend that you are a director of a child care center. You know that earthquakes have occurred before in the area where you live and work. What precautions should you take to protect the children and workers at your center?

_____

_____

_____

_____

Case Study 6
Pretend that you are the teacher in a preschool class. Severe weather warnings have been announced. It is almost snack time and the electricity has been off for about fifteen minutes. What precautions should be taken to protect the children and staff?

_____

_____

_____

_____

Activity 10-5 • True/False

Directions

Complete the following activity to Review procedures for medical emergencies. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. When a child has an accident or symptoms of illness, the assigned caregiver should notify a parent and return with the child to the classroom.

_____

T F 2. In most cases, a caregiver should not bother the supervisor or center director if a child becomes ill.

_____

T F 3. During medical emergencies, caregivers should work as a team according to the policies and procedures of the center.

_____

T F 4. If a child must be rushed to a hospital or doctor's office in an emergency, a caregiver should take the emergency authorization given to the center by the parent.

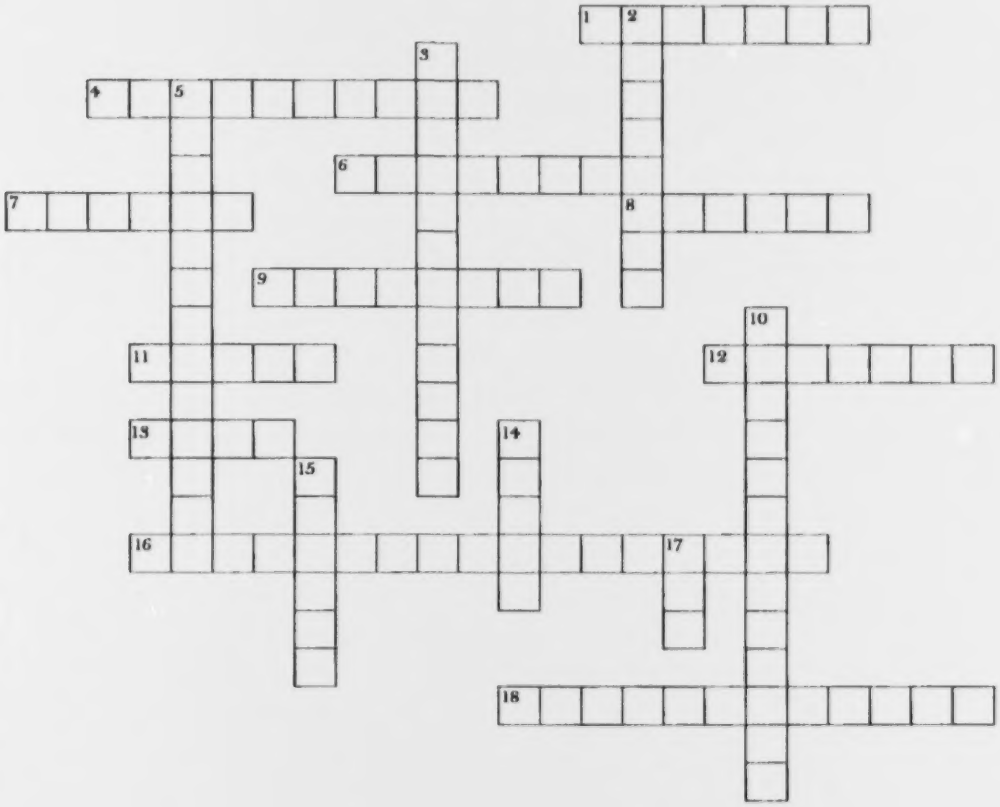
_____

T F 5. If the child care center has an emergency medical authorization from a parent, there is no need for a parent to meet caregivers at the hospital in a medical emergency.

_____

Directions

Fill in the crossword puzzle using the missing words from the clues. Clues relate to procedures for stocking a first aid kit and using first aid techniques needed for emergencies at a child care center.



Across

1. If a child swallows a poison, it is important to dilute the poison or remove poison from the body before the body _____ it.

4. First aid kits should include _____ for cleaning wounds or to dampen and place on a child's forehead.

6. _____ is the immediate and temporary care given to a person who has been injured or who has suddenly become ill.

7. If a child is involved in an electrical accident involving an electric cord, your first step should be to _____ the cord, if possible.

8. In order to save lives and prevent further _____, a person using first aid must prevent severe blood loss, maintain breathing, and prevent shock.

9. _____ lotion is often in a first aid kit for use on insect bites.

11. First aid for _____ burns includes chilling or submerging the burn in coldwater.

12. If a child has swallowed _____ poisons, vomiting should not be induced.

13. If you think a child has a/an _____ or back injury, do not move the child unless the child must be moved away form a life-threatening situation.

16. _____ is sometimes used to absorb poison which has been swallowed.

18. If a chemical gets in or near a child's eyes, you should rinse the eyes immediately with _____.

Down

2. First aid for severe _____ is to apply direct pressure firmly to the wound, with a clean dressing held in place.

3. _____for use in checking temperature should be included in first aid kits.

5. _____ should be kept in a first aid kit for use in inducing vomiting when instructed to do so by the poison control center.

10. To cover a wound, sterile _____ or pads should be used.

14. First aid treatment and prevention of _____ includes keeping the child lying flat, placing a blanket over the child, and getting medical help.

15. Appropriate first aid for _____ burns is to cover the burned areas with loose dry sterile dressings to help prevent infection.

17. A child who has stopped breathing should receive _____ from a caregiver who has been trained in this technique.

Activity 10-7 • Multiple Choice

Directions

Complete the following activity to review procedures for accurate reporting of child care emergencies. Read each multiple choice item. Choose the answer that best completes the statement or answers the question. Place an **X** in the space to the left of the appropriate answer.

1. Any injury to a child, however minor, should be reported to
   _____ A. the child's parent(s).
   _____ B. parents of all children enrolled.
   _____ C. the State Health Department.
   _____ D. a doctor.

2. Child care employees should record every accident, injury, illness, or sign of illness
   _____ A. in a daily diary journal.
   _____ B. on an accident chart to be posted by each exit.
   _____ C. in the child's health record.
   _____ D. to a hospital.

3. It is important to keep accurate health records on children because
   _____ A. it is required by law in every state.
   _____ B. records may affect the long-term health care of a child.
   _____ C. it is required by local health authorities.
   _____ D. all child care centers must submit such records to the State Health Department.

4. Keeping complete and accurate health records may
   _____ A. cause confusion about which caregivers are to do reports.
   _____ B. protect parents from future legal liability.
   _____ C. protect the child care center and child caregivers from possible legal liability.
   _____ D. prevent future accidents.

5. If an injury occurs to a child while the child's caregiver is not present, the
   _____ A. caregiver is probably guilty of neglect.
   _____ B. center director must report neglect to the parents.
   _____ C. injury must be reported to the caregiver.
   _____ D. child should be transferred to another classroom.

Activity 10-8 • Writing

Directions

Write a paragraph, rap, or poem explaining the importance of following established center policies and procedures for handling emergencies.

Chapter 11

Daily Routines

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 11:

1C Demonstrate effective management skills.

2A Evaluate safety and sanitation standards in a child care setting.

2D Summarize environmental conditions appropriate for a child care setting.

3A Observe screening and other health assessment techniques.

3B Describe effective methods of recording health-related information.

6E Develop strategies for creating a relaxed mealtime routine.

7A Determine developmentally appropriate practices that promote self-discipline.

7B Practice effective communication skills.

7D Set up guidelines for assisting children with routine activities.

Introduction

Various activities occur regularly in a child care program. These activities are part of a routine. Some routines involve direct work with children while others do not. Chapter 11 reviews the importance of using routine activities to teach children important concepts and skills and to establish a secure and structured environment.

Activity 11-1 • Identification

Directions

Review arrival and departure routines by completing the following activity. Place a ✔ in the column which best identifies the time each described routine occurs. Remember that some items may describe both arrival and departure routines.

Arrival	Departure	Routines
		1. This time sets the tone for the beginning and ending of the "school day."
		2. Parents turn children over to an authorized and assigned caregiver.
		3. A caregiver should wait with children in a planned activity area.
		4. The caregiver makes sure to release the child only to an authorized person.
		5. The caregiver visits briefly with parent(s) and does an informal health check.
		6. All planning should be complete at this time.
		7. For the first few days, children should receive name tags with important information on them.
		8. Personal belongings should be ready to get from cubbyholes.
		9. Safe transportation practices must be followed at this time.
		10. Caregivers should be concerned with the safety of the children, positive communication with parents, and a constructive learning atmosphere for children.
		11. Caregivers should make sure children are clean, fresh, toileted, and in good spirits.

Arrival	Departure	Routines
		12. Caregivers should listen carefully and record any information or instructions the parent gives about a child.
		13. Caregivers should inform parent(s) of the child's schedule during the day.
		14. This time may be stressful for both parents and children.

Activity 11-2 • Sentence Completion

Directions

Each of the following sentences contains a scrambled word. To complete each sentence about the daily health check, write the unscrambled words in the spaces provided.

1. _____ The daily L A T E H H check is part of the arrival routine.

2. _____ The purpose of a daily health check is to determine the health of each child and prevent the spread of S L I N E L S among the children.

3. _____ In a/an O A I M R F N L health check, a caregiver should be able to recognize such signs of illness as discharge from the eyes or nose, a rash, fever, or a hoarse voice.

4. _____ M R O F L A health checks are done by a health professional, the center director, or a caregiver assigned by the director.

5. _____ Caregivers should make sure that daily health checks do not N T G I E R F H, embarrass, or threaten children.

6. _____ As a result of a daily health check, some children may need to be watched during the day for further O M M T Y S S P of illness.

7. _____ If a child shows clear signs of illness, parents should plan other care A E E A G N R T S N R M .

8. _____ Any signs of poor health or hygiene should be recorded in the child's L T H H A E E R R O D C .

Activity 11-3 • Short Answer

Directions

"Step up" to using correct handwashing procedures and other good hygiene practices by answering the items on the staircase below. Begin with bottom step. Write your answers to each question in the blanks provided below the staircase.

5. Explain good hygiene rules for brushing and combing hair (for children).

4. What two primary methods can caregivers use to help young children improve their handwashing skills?

3. When should children brush their teeth at the child care center, and how should children's toothbrushes be stored?

2. At what times should children be taught to wash their hands?

1. Explain good hygiene practices related to towels used for drying hands.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

Activity 11-4 • Evaluation

Directions

Complete the following items related to meal and snack time. Each item describes a routine or practice along with two choices of ways to best teach children routines. For each item, choose the most appropriate way to guide children. Place an **X** in the space to the left of your chosen response.

1. **Handwashing Routine**

   ____ A. Caregivers should only wash their own hands in a private bathroom or the kitchen to insure that proper handwashing is done.

   ____ B. Caregivers should model handwashing and consistently insist that children wash their hands.

2. **Serving Foods**

   ____ A. For best sanitation, all food service should be done by caregivers.

   ____ B. Children should be allowed to take turns serving drinks, setting the table, wiping tables, etc.

3. **Mealtime Rules**

   ____ A. Children should be allowed to eat their meals while reading books or doing quiet activities in a learning center.

   ____ B. Children should be required to remain seated while they eat and drink at mealtime.

4. **Eating Behavior**

   ____ A. Children should be encouraged to taste each food served.

   ____ B. Children should be required to eat all food served to them.

5. **Mealtime Supervision**

   ____ A. It is best to have on caregiver for every ten to twelve children.

   ____ B. It is best to have one caregiver for no more than five or six children.

6. **Snack Time**

____ A. Caregivers should be sure that every child takes time to snack.

____ B. It is not important for children to understand the snack routine.

7. **Self-help Eating**

____ A. Preschoolers may be allowed to have family-style service at mealtime.

____ B. Preschoolers are not old enough to have family-style service.

8. **Table Manners**

____ A. Preschoolers are able to model perfect table manners for younger children.

____ B. Caregivers should expect children to learn manners gradually.

9. **Mealtime**

____ A. Mealtime should be planned to help children learn different concepts and ideas.

____ B. At mealtime, children should not be distracted by caregivers trying to teach them new ideas and concepts.

10. **Learning at Mealtime**

____ A. Math concepts can be learned during mealtime.

____ B. Only simple facts about nutrition should be taught to children during mealtime.

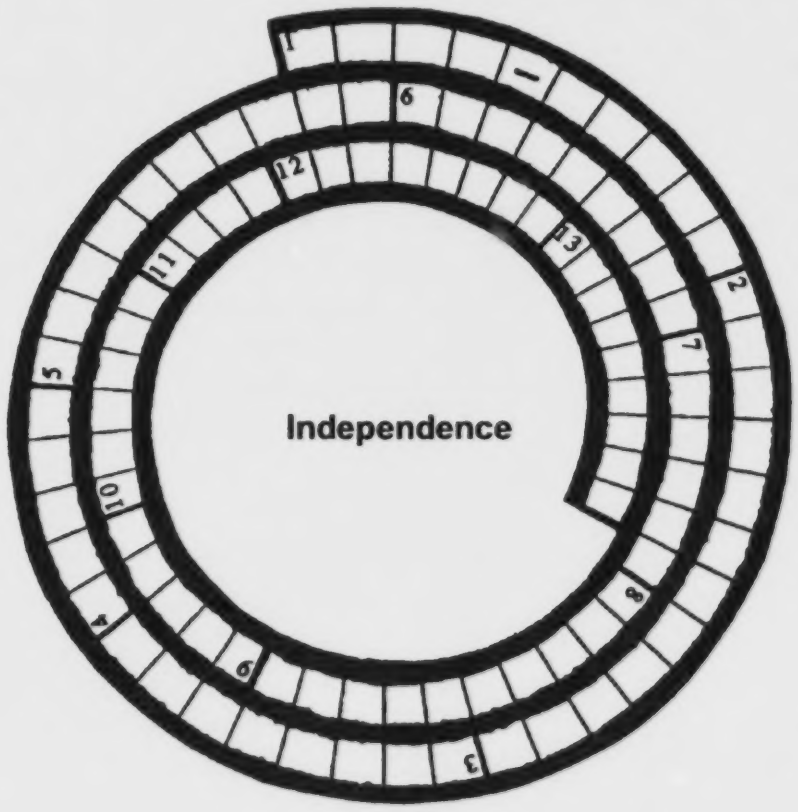
Activity 11-4 • Evaluation, cont'd.

Bonus: Meal and snack time can be special learning times for children. In the space provided, explain how concepts could be taught during meal and snack time.

Activity 11-5 • Puzzle

Directions

To review dressing, undressing, and toileting routines, complete the following activity. Read each statement below the puzzle. Write each missing word in the boxes that begin with the corresponding item number in the spiral puzzle.



1. Early experiences related to toileting can affect a child's _____ and attitudes about sexuality.
2. The physical environment in a child care center should encourage _____ in toileting.
3. Young children develop the _____ ability to control toileting at different ages.
4. Caregivers should not shame or _____ a child who is not toilet trained.
5. It is very important for parents and other caregivers to be _____ in toilet training children.
6. Caregivers should accept toileting _____ casually, without scolding, anger, or punishment.
7. Scheduled toileting may be done child by child or in _____.

8. _____ in toileting behavior happens when a child returns to earlier stages of development due to some illness or stress.

9. Children should be taught to _____ each time after using the toilet and to wash their hands.

10. Caregivers should encourage and _____ children's efforts to help themselves with toileting and dressing routines.

11. Caregivers should allow enough _____ for children to dress and undress themselves when these routines are necessary.

12. It is important for parents to choose _____ for children which is easy for them to handle while they learn about independent dressing.

13. As children get older, clothing _____ which are harder to manage will help them learn about dressing themselves.

Activity 11-6 • Fill-in-the-Blank

Directions

Read the following statements about nap time. Write the most appropriate word to complete each statement in the blanks provided.

1. _____ is necessary for young children for growth and good health.

2. Without a regular rest time, _____ and emotional upsets usually occur.

3. Several signs of fatigue are _____, whining and crossness, and crying for no apparent reason.

4. A period of quiet restfulness during the day is important to all children, whether or not they take a _____.

5. Children who do not take naps should not _____ those children who do take naps.

6. The _____ of the caregiver toward rest period will influence the way the children react to it.

7. Caregivers should understand the importance of the rest period and how to _____ this routine.

8. A _____ time before rest time helps calm the children and gets them ready to relax.

9. To make napping easier, the room should be quiet and _____ as much as possible.

10. The _____ of caregivers required for nap time is usually specified in state licensing standards.

Activity 11-7 • True/False

Directions

Complete the following activity to review housekeeping routines. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Teaching children to pick up and clean up after themselves helps them to be independent, respectful, and cooperative.

_____

T F 2. Since children naturally learn to clean up after themselves, it is usually not necessary to teach basic housekeeping rules.

_____

T F 3. Young children often enjoy helping caregivers do housekeeping activities.

_____

T F 4. An example of a daily housekeeping activity for children is picking up toys on the floor.

_____

T F 5. Keeping the environment clean helps children feel secure and helps them know what is expected of them.

_____

Activity 11-8 • Application

Directions

Complete the following activity to review transitions. For each statement with which you agree, place an **X** in the blank labeled "Agree." For each statement with which you disagree, put an **X** in the blank labeled "Disagree." In the space provided, write a one sentence statement defending your answer.

1. Smooth transition activities help prevent confusion and bad behavior in children.

   _____ Agree _____ Disagree

   _____

   _____

2. It is best to end activities quickly so that children do not start putting up materials and supplies early.

   _____ Agree _____ Disagree

   _____

   _____

3. Games and fingerplays are good transition activities.

   _____ Agree _____ Disagree

   _____

   _____

4. In most cases, it is best to have an entire group of children finish an activity at the same time in order to prevent confusion.

   _____ Agree _____ Disagree

   _____

   _____

5. Signals can help children recognize when to stop an activity and prepare for the next activity.

   _____ Agree _____ Disagree

   _____

   _____

Chapter 12

Principles and Theories of Development

Chapter Focus

The following Essential Knowledge and Skill is discussed in Chapter 12:

5A Apply the major learning theories when planning developmentally appropriate learning experiences for children.

Introduction

Learning the theories and principles of growth and development is important in order to understand children better, to know what to expect of children at certain ages, and to identify developmental problems. Because there are many theories about growth and development, it is important to know how experts view the various aspects of child development.

BEST COPY AVAILABLE

Activity 12-1 • Descriptions

Directions

In the space provided in each box, briefly summarize each of the five principles of growth and development. The last box asks why it is important to understand these principles.

1. Growth and development are gradual and continuous.	2. Growth and development are constant.
3. Growth and development occur at different rates.	4. Growth and development occur in sequence.
5. Growth and development have interrelated parts.	Why is it important to understand the predictable patterns of growth and development?

Activity 12-2 • Sentence Completion

Directions

Unscramble the words in the following sentences to identify theories used in the study of human development.

1. A theory of development is a systematic statement of apparent relationships or underlying I C P L E S N I R P concerning development.

2. A L I G O I L C B O theories of development propose that people are born with a genetic plan.

3. All of the circumstances, conditions, and influences that surround and affect the development of a person make up his or her O N M N E T I R V N E.

4. A person's genetically determined developmental plan can be altered by environmental P E R X E E I N E C S.

5. Gessel proposed that children's behavior follows a pattern that is somewhat predictable because it is directly linked to their overall development and T U R M A T I O N A.

6. Biological theorists believe that a child should be allowed to develop at his or her own C E P A.

7. D I T R A A T I L N O I learning theory credits the environment as the primary source of developmental factors.

8. Social learning theory supporters believe that new behaviors are learned primarily through B S O V R E G N I.

9. Children have the natural tendency to imitate the behavior that they see O D M E D I L E, especially behavior of their parents.

10. Freud's basic proposition was that Y L I T A N O S E R P is the result of instinctive biological drives.

11. S I S Y L A N A C Y P S H O is a method of learning about mental processes and of treating some mental disorders.

12. Erikson views development as continuing over the entire E F L I N S P A, whereas Freud describes development only through puberty.

13. Erikson views development as a process through which people pass in their lifelong search for a mature sense of T Y D E N I T I.

14. During Erikson's first stage, the infant forms the first G N I T R U S T relationship with the caregiver.

15. According to G P I A T E children have inborn methods for interacting with their environment.

16. Piaget's studies led him to divide the N I T V E G O C I developmental process into four major stages.

17. In order to progress to the following stage, the steps of the previous stages must be passed through Y I L R O T F A S I T A S C.

18. During the S O R N E S I R O T M O stage (zero to two years), the child interacts with the world primarily through the senses and the actions he or she can perform on objects.

19. Vygotsky maintained that a child's learning development is affected in ways large and small by the T U R L U C E, including the culture of a family environment, of which he or she is a part.

20. The potential for cognitive development is limited to a certain time span, which Vygotsky calls the N E O Z F O L A M X R O P I L O P M E D E V E N T.

Activity 12-3 • True/False

Directions

Read each statement about the physical development of children. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Physical changes in the body happen in a particular sequence and are predictable.

_____

T F 2. Cephalocaudal growth dictates that body control be gained from the center of the body outward.

_____

T F 3. The upper part of the child's body matures earlier than the lower part.

_____

T F 4. Children gain control of their small or fine muscles before gaining control of large muscles.

_____

T F 5. Motor skill development involves gaining control over the movement of various parts of the body.

_____

T F 6. Gross muscle control involves use of the whole body in activities such as eating with a spoon, writing, and running.

_____

T F 7. Fine muscle control allows a child to participate in such activates as throwing a ball or putting a puzzle together.

_____

T F 8. Young children need opportunities for vigorous, energetic play.

_____

T F 9. Activities should be planned for young children that best promote the development of muscles and their coordination.

T F 10. In order for a child to develop optimally, other factors must be monitored, such as proper nutrition and adequate rest.

Activity 12-4 • Fill-in-the-Blank

Directions

Part I: Review main ideas in cognitive development. Complete each sentence by placing the correct response in the blanks provided.

1. _____ _____ is mental or intellectual development gained through learning.
2. Cognitive development in children is measured in terms of the _____ tasks that they can perform at certain ages.
3. In order for children to _____, activities are required that stimulate the senses.
4. Most increases in _____ occur simply as a result of normal growth and maturation.
5. Most children have the natural _____ to explore and discover their surroundings.
6. Sensory _____ form the basis for a great deal of learning.
7. The development of _____ is a vital aspect of overall mental/cognitive development.
8. Parents and caregivers should avoid being critical of children's _____.
9. Two signs of cognitive growth are a child's ability to understand more words and ideas and to have a longer _____ span.
10. Children learn best in _____ physical, emotional, and social environments.

Part II: As a caregiver, what are some guidelines you should follow in helping children to learn?

_____

_____

_____

_____

_____

_____

Activity 12-5 • Matching/Short Answer

Directions

Part I: Match the stages of play with the appropriate situations by putting the correct letters in the spaces provided. Some letters may be used more than once.

Play Situations

____ 1. First stage of play

____ 2. Most seen in middle childhood

____ 3. Child play besides, but not with, nearby children

____ 4. Increased interest in peers

____ 5. More interested in their toys than in other children

Stages of Play

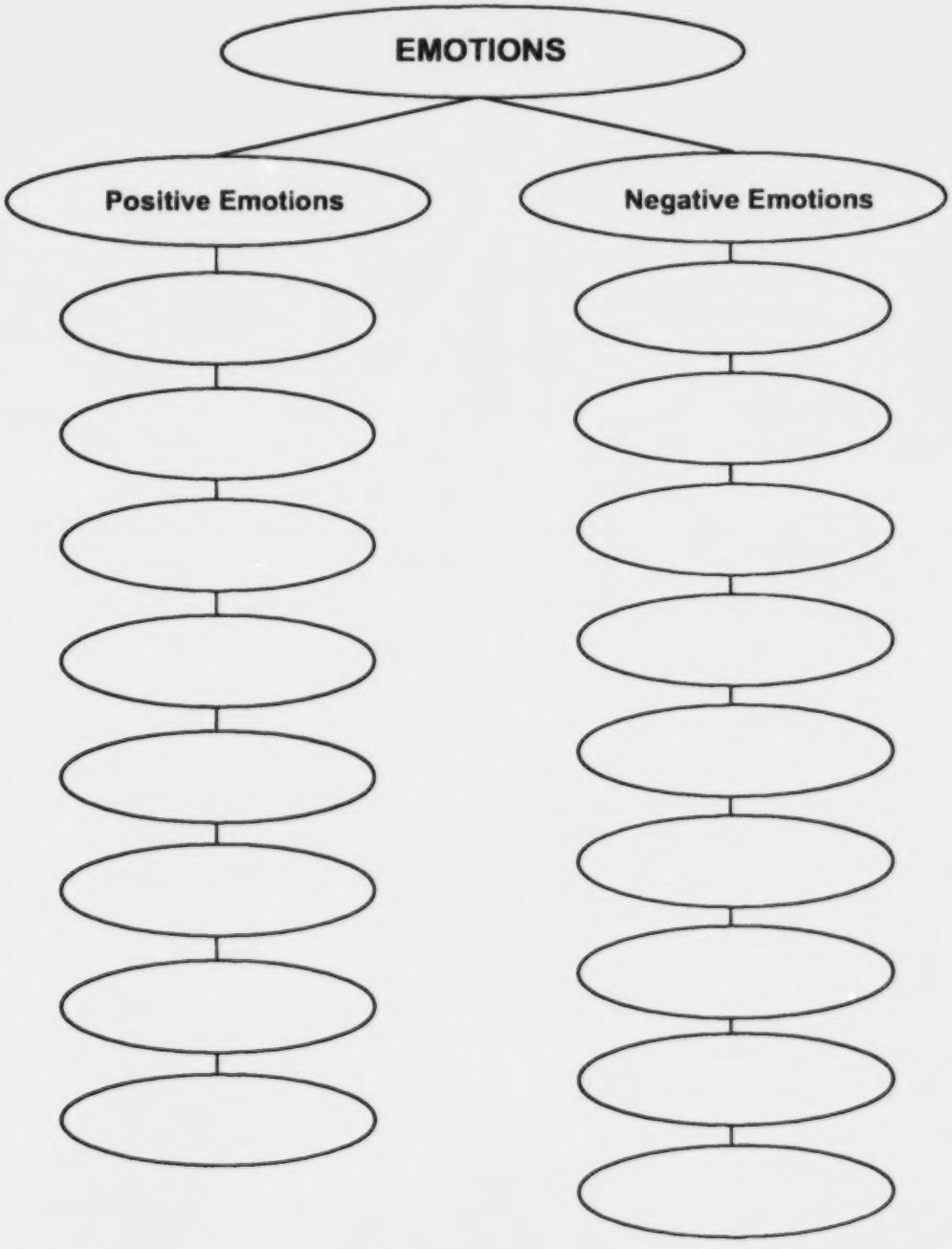
A. associative play
B. cooperative play
C. parallel play
D. solitary play

Part II: What are some goals to consider when evaluating a child's social development?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Directions

Part I: To review emotional development of young children, complete the following web diagram. List each emotion under either the positive or negative column.



Part II: Describe what adults can do to encourage development of each emotion mentioned in Part I.

Directions

By each phrase related to moral development, briefly describe each term.

Morals are . . .

Preconventional moral reasoning . . .

Conventional moral reasoning . . .

Postconventional moral reasoning . . .

Activity 12-8 • Internet Research/Writing

Directions

Using the *I am Your Child Foundation* Web site (*www.iamyourchild.org*), gather information on early brain development. The site can also be used to locate links to other sites with additional information. On a separate sheet of paper, write a one-page essay on the importance of early brain development. In your essay, respond to the following questions.

---

1. How does a caregiver affect brain development in small children?

2. How does the brain become mature?

3. What type of care stimulates the brain to develop?

4. Explain the term circuitry as it relates to brain development.

5. How can "I am Your Child Foundation" encourage parents and caregivers in encouraging positive brain development activities?

Chapter 13

Physical Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 13:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Introduction

A child's body grows and matures according to specific patterns of development. Growth refers to the size of the body. Maturation refers to the ability of the body to function properly. During childhood, physical changes happen very quickly. The skeletal system, muscular systems, organs, and other body systems grow rapidly. Caregivers can know what physical changes to expect in children by becoming aware of developmental patterns. An increased knowledge of factors which affect children's physical development also aids in providing the best environment to promote the development of children.

BEST COPY AVAILABLE

Activity 13-1 • Sentence Completion

Directions

Review physical growth of children by completing the following sentences. Supply the most appropriate word to complete each sentence. Write the letters of that word in the boxes provided.

1. The _____ of the body grow rapidly from infancy through adolescence.

		S				S

2. A child's _____ grows to about 75 percent of its adult size in two and one-half years.

	R			

3. Toddlers are close to half of their adult height by age _____.

			E	

4. Between ages three and five, the average child gains around _____ pounds and grows _____ inches.

5. Most of the weight gain during the three-year-old to five-year-old period is due to the growth of _____.

				L		

6. Between ages five and seven, most children experience a growth _____.

			R	

7. By late childhood, girls tend to be about _____ years ahead of boys in physical maturation.

8. During middle childhood, children gain _____, balance, speed, and power in their motor abilities.

		I				

9. Physical changes occur during period of rapid growth called _____.

			E			

10. On the average, boys reach puberty _____ than girls.

			E	

Directions

Review maturation of the nervous system by completing the following activity. In the space provided, write the rest of each sentence that has been started.

1. Much of the fast physical development during infancy and toddlerhood is related to . . .

2. The nervous system includes the . . .

3. Development of the nervous system leads to . . .

4. The nervous system sends information . . .

5. Children are stimulated when . . .

Activity 13-3 • Identification

Directions

Complete the following activity to trace motor development in children. In the blank to the left of each statement, write the age period during which the activity usually occurs.

Age Periods

Infancy | Toddlerhood | Preschool-Age | School-Age

_____ 1. Through crawling, creeping, and pulling up, children gain more control of lower parts of the body.

_____ 2. By this stage, a child has developed good walking ability.

_____ 3. Children learn to grasp small objects with the thumb and forefinger.

_____ 4. Children learn to sit and roll over.

_____ 5. Since growth is fairly slow, children progress mostly in coordination and improved motor skills.

_____ 6. Children begin to explore different parts of their surroundings.

_____ 7. Children have almost no control of their finger movements.

_____ 8. Children's motor ability develops, especially in the hands and feet.

_____ 9. Children become better able to control wrist and finger movements as they practice fine motor skills.

_____ 10. Children need to play in areas that are "child proof" to prevent accidents.

_____ 11. Children become skilled at eating with a spoon.

_____ 12. Children develop self-help skills, such as putting on some of their clothes, for the first time.

Activity 13-4 • True/False

Directions

Review factors affecting physical development in children by completing the following activity. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Bottles should never be propped up into infants' mouths while they are lying in their cribs because this may increase the chances of choking.

_____

T F 2. Nutrients found in a mother's breast milk and infant formulas usually need to be supplemented with vitamins since they are not nutritionally well-balanced.

_____

T F 3. During the preschool years, nutrition is important to development in all areas.

_____

T F 4. As infants mature, they eat fewer items during the day but need more at each feeding.

_____

T F 5. Most infants do not eat soft cereals and strained foods until they are about two years old.

_____

T F 6. Children should be required to eat certain amounts of food each day in order to get adequate nutrition.

_____

T F 7. Adolescents usually need more sleep than younger children.

_____

T F 8. Most preschoolers need six to seven hours of sleep a night and a nap during the day.

_____

T F 9. A mother's breast milk provides a child protection from many diseases for several years.

_____

T F 10. Some of the childhood diseases that can be prevented through immunization are diphtheria, tetanus, red measles, and polio.

_____

Chapter 14

Emotional and Social Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 14:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.

Introduction

Helping children with emotional and social development is an important task of caregivers. Children's surroundings and inherited personality traits greatly affect emotional and social development. Development of a positive self-concept is crucial to healthy overall development. Caregivers can learn ways to help children develop positive self-concepts through this chapter. Suggestions for relating to and communicating with children to enhance their emotional and social development are emphasized.

Activity 14-1 • True/False

Directions

Read each statement about emotional development of infants and toddlers. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Influences present during the first hours, days, and months of a child's life are important to emotional and social development.

_____

T F 2. A child's environment causes children to look different.

_____

T F 3. Important factors in emotional development of infants and toddlers include temperament, trust, consistent care, and autonomy.

_____

T F 4. All infants need strict routines.

_____

T F 5. Caregivers should spend equal time with children in their care.

_____

T F 6. Infants begin to develop trust when adults recognize and fill their needs in a consistent, nurturing manner.

_____

T F 7. Negativism is normal in toddlers and results from their new feelings about themselves.

_____

T F 8. A natural response for infants and toddlers is to cry out when they are afraid.

_____

T F 9. Children should never be teased or punished for their fears.

_____

T F 10. A sense of security may be the most important factor for healthy emotional development during infancy and toddlerhood.

_____

Activity 14-2 • Fill-in-the-Blank

Directions

The sentences below discuss social development of infants and toddlers. Complete each sentence by placing the correct response in the space provided.

1. Children are social beings from _____.

2. From infancy through toddlerhood, a child's social development is influenced mostly by _____.

3. When caregivers are sensitive in responding to the needs of infants and toddlers, children are given a basic sense of _____.

4. Providing appropriate experiences for children based on their levels of _____ is important.

5. An adult caregiver should learn to view the world from a child's point of _____.

6. As children mature and explore their environment they become more social. Therefore more _____ on behavior must be set.

7. For infants and toddlers, the main purpose of _____ is to protect children, other people, and property from harm.

8. When someone regularly responds to a child's needs, the child develops a/an _____ to that person.

9. It is important for caregivers to perform a _____ role in order for children to form positive attachments.

10. Both _____ and women can carry out a variety of roles when caring for children.

Directions

Different factors influence the emotional development of preschoolers. Describe the following factors and give at least one example of a caregiver strategy.

1. **Fears**

   Strategy:

2. **Separation Anxiety**

   Strategy:

3. **Language**

   Strategy:

4. **Role Taking**

   Strategy:

5. **Self-concept**

   Strategy:

6. **Gender Identity**

   Strategy:

Activity 14-4 • Sentence Completion

Directions

Unscramble the words in the following sentences to explain the social development of preschoolers.

_____ 1. The term N G I T R A P E N is used to refer to roles of parents.

_____ 2. Each parent is expected to share feeling and give attention to the parent-child T I O N R E L A P I H S.

_____ 3. G N R U T R U N I is always needed from parents because a child must feel cherished, valued, and comforted.

_____ 4. B L I S I G N S plays an important role in how children learn to relate to peers.

_____ 5. There is evidence that siblings can make a difference in the child's E N M T P O L E V E D.

_____ 6. T E X D E N D E family members, such as grandparents, aunts, uncles, can provide important roles in social development.

_____ 7. Extended family members can also have a positive effect on a child's developing F S E L - C E P T C O N.

_____ 8. Interactions with R E E P S allows children to learn valuable social skills.

_____ 9. S R E G I V R A C E have the chance to influence children's interactions with peers in a group setting.

_____ 10. Children through six years of age are considered as E R P - L A M O R, that is, they are unaware of moral rules or values.

Activity 14-5 • Scenarios

Directions

Read the following scenarios and answer the questions as they relate to emotional and social development of school-age children. Use complete sentences when answering the questions.

1. Maya is an eight-year-old girl who attends the after-school program at the Midtown YWCA. Maya is a normal child who lives with her single mom. In regard to emotional development, how would you describe the typical school-age child?

2. Paul is an eleven-year-old boy who attends the after-school program at his elementary school. His mother is a teacher at the school. Paul is enrolled so that he can finish his homework and enjoy some activities with some of this friends. In regard to social development, how would you describe the typical school-age child?

Activity 14-5 • Scenarios, cont'd.

9. Su Lee (age six) and Belva (age seven) are young school-age children in the stage of moral realism. Children in this stage exhibit rule-bound thinking and behaving. What do children of this age commonly believe?

Activity 14-6 • Compare and Contrast

Directions

At the present time, Jon is working at a child care center as an assistant teacher. When he first started working at the center, he was assigned to the infant group. Last year he was assigned to the toddler group and just recently, he was moved to the preschool group. The director told him he would like to move him to the afternoon school-age program next year.

Using a chart, compare the emotional and social development traits of each of the four age groups (infant, toddler, preschool, school-age).

Age Groups	Emotional Development	Social Development
infants		
toddler		
preschool		
school age		

Chapter 15

Cognitive Development

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 15:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.

Introduction

Many concepts about children's cognitive/intellectual development are not known. However, through studying children, many concepts have been learned which can help caregivers encourage healthy cognitive development in children. The ability to think and make sound judgements changes from simple to complex as children grow older.

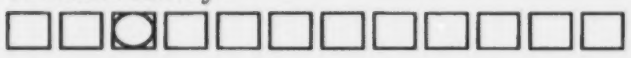
This chapter allows caregivers to better understand cognitive abilities of children in different stages of development. Through this understanding, caregivers can encourage positive development.

Activity 15-1 • Word Scramble

Directions

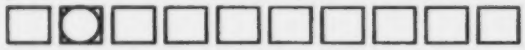
Unscramble the words in the following sentences to review information about intelligence. Write the unscrambled letters in the boxes provided. When all words are unscrambled, use the circled letters to fill in the blanks for the summary statement at the end.

1. E E L T I G L N N I C E is the capacity for reasoning, understanding, and for similar forms of mental activity.



2. I I O G O N C T N is to know.

3. Intellectual ability cannot be seen but can be measured by evaluating a child's ability to perform certain I I I C V T E S A T.

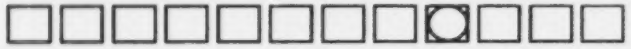


4. IQ stand for intelligence E T I O U T N Q.

5. IQ tests measure the relationship of mental age to ONOOCCLLHRGIA age.

6. When IQ tests are written so that middle-class children understand them better, they are considered to be E S A B I D.

7. Most evaluation of the intelligence of school-age children is done through D D D E R A A N Z S T I testing in the public schools.



8. Tests of the mental ability of young children usually evaluate O N S E Y S R perception.

9. All tests should be considered one way of measuring cognitive B I L T Y A I.

Summary Statement:

Because children develop at different rates, tests of mental development should be used with

_ _ _ _ _ _ _ _ _

Directions

Write a paragraph explaining how studies of deprived infants have helped caregivers know more about cognitive development.

Activity 15-3 • Matching

Directions

Complete the following activity to review cognitive development of infants and toddlers during the sensorimotor period. For each statement below, decide if the trait described is a part of circular reaction, object permanence, symbolic thought, or language development during the sensorimotor period. In the blank to the left of each item, place one of the codes to represent the stage described.

CR – Circular Reactions
ST – Symbolic Thought
OP – Object Permanence
LD – Language Development

_____ 1. Children begin to separate reality from imagination.

_____ 2. Infants smile and coo when they hear a gentle, friendly voice.

_____ 3. Infants begin to babble by age six months.

_____ 4. Infants begin to know that an object exists even if they cannot see or hear it.

_____ 5. Infants begin to enjoy hiding games such as peek-a-boo.

_____ 6. Infants begin to repeat actions which are noticed and are interesting to them.

_____ 7. Infants develop different cries to express different needs.

_____ 8. Infants begin to understand that words are connected to objects and actions.

_____ 9. Infants begin to pretend one object is something else.

_____ 10. Children begin to use symbols to express ideas.

927

Directions

Review cognitive development of children during the preoperational stage by completing the following activity. Place a ✔ in the column to the left of each item that describes the preoperational stage. If the statement does not relate to the preoperational stage, leave the box blank.

	1. Children have limits on their abilities to think in a logical way.
	2. Children develop an understanding of identities.
	3. Children begin to understand the basic relationship between two events or functions
	4. The beginning of symbolic thought occurs in children.
	5. Language development begins during this period of time.
	6. Children learn to understand complex logic and moral concepts.
	7. Children gain the ability to put things into a logical order.
	8. Children have a memory that is improving, but they do not use any strategies for helping them remember things.
	9. Children's vocabulary may increase to about 2,500 words.
	10. Children may have trouble separating fantasies or dreams from reality.
	11. Children no longer have egocentrism as a way of thinking.
	12. Children are not able to focus on more than one part of a situation at a time.
	13. Young children do not consider outcomes when judging right and wrong.
	14. Good judgement develops with age.
	15. Young children may have trouble thinking through a series of steps or actions.

Activity 15-5 • Multiple Choice

Directions

Complete the following multiple-choice activity to review the concrete operational stage. In the blank to the left of each number, place the letter of the response that best completes the statement.

_____ 1. Some of the new "concrete operations" of school-age children are
- A. language and moral development.
- B. classification, conservation, and seriation.
- C. circular reactions and object permanence.
- D. symbolic thought and language development.

_____ 2. In terms of mental development, to "conserve" means
- A. to save time and money.
- B. to understand how to group items in a logical order.
- C. understanding that even though one property of an object changes, other properties stay the same.
- D. being able to complete formal operations and think in abstract terms.

_____ 3. Dyslexia is
- A. a special problem which causes blindness in children.
- B. a brain deficiency which causes children to have trouble speaking clearly.
- C. a problem which some children have in understanding right from wrong.
- D. a condition which causes a child to see letters or words backwards.

_____ 4. Developing classification skills allows children to
- A. simply group objects.
- B. understand the relationship between objects.
- C. understand how much liquid is held in a tall container.
- D. communicate more clearly.

_____ 5. Seriation involves the ability to
- A. put things into an order.
- B. write numbers.
- C. have positive moral development.
- D. learn phonics (sounds of letters and letter combinations).

_____ 6. During the formal operations stage, children learn to think
- A. in concrete ways.
- B. about things which exist.
- C. in abstract terms about things which might exist.
- D. in a logical order.

_____ 7. Moral development during the concrete operational stage
- A. allows children to understand when they need punishment.
- B. causes children to stop disobeying rules.
- C. causes children to understand all of society's rules and the rules of games.
- D. allows children to think and make judgements about right and wrong.

Chapter 16

Teaching Strategies

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 16:

- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 4B Determine developmental differences in children of various ages.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 5G Compare various observation techniques.
- 5H Discuss the use of technology in teaching young children.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.

Introduction

Teaching strategies are the methods and activities that child care practitioners and teachers use in caring for young children. Positive teaching strategies promote the physical, emotional, social, and cognitive development of children. The strategies teachers use are as different and varied as teachers' personalities.

This chapter provides suggestions for possible learning centers and other teaching strategies that can be planned for children. Ways in which daily routines can be used to teach children are also emphasized.

Activity 16-1 • Short Answer

Directions

Answer the following questions about developmentally appropriate practices.

1. What is meant by the phrase "developmentally appropriate practice?"

2. How would you describe "teachable moments?"

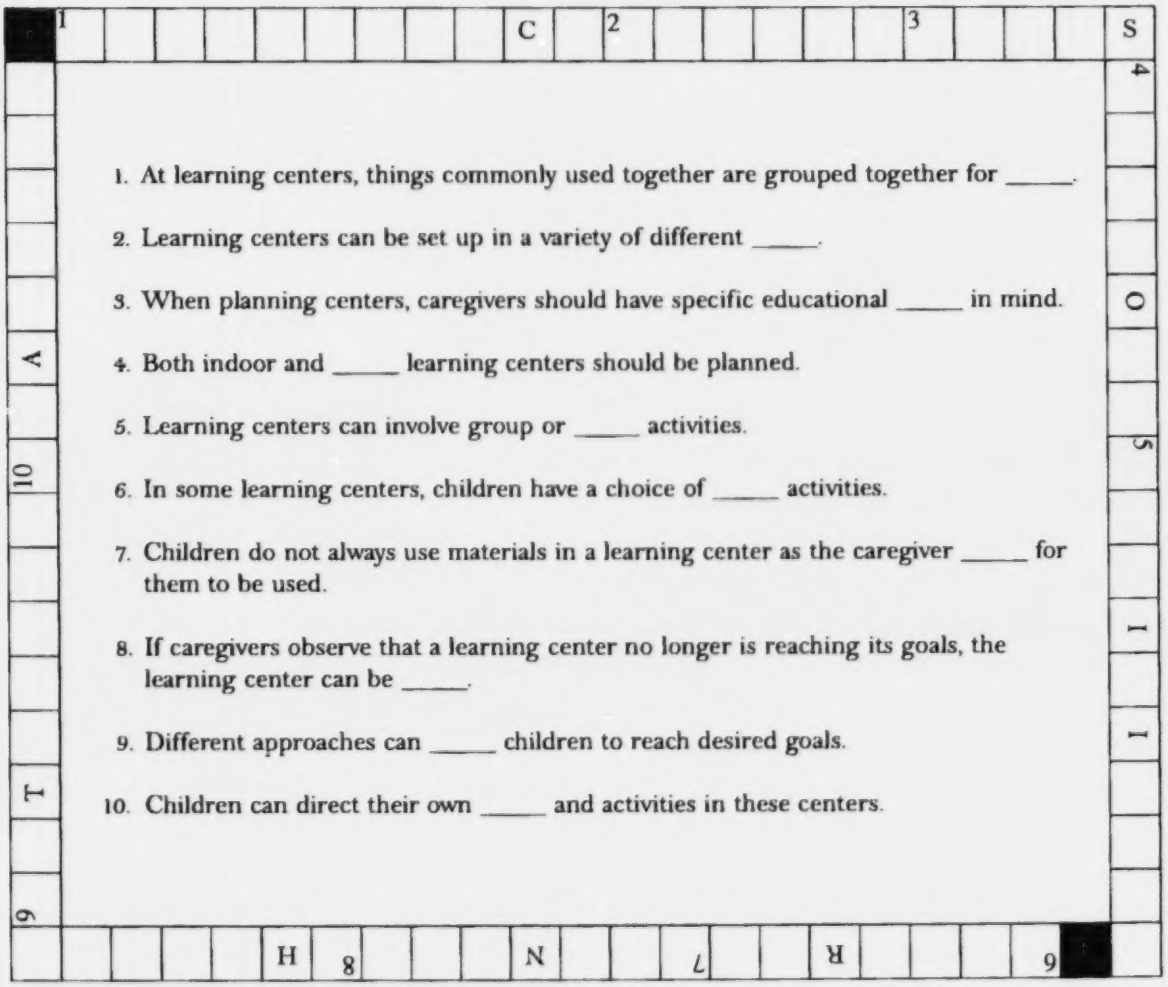
3. What daily routines can the teacher use to promote learning?

4. Explain what "learning centers" are and how they work.

5. What if the children use the tools and materials in a learning center for something other than the desired activity?

Directions

Complete the following puzzle to explain how learning centers are used as a teaching strategy. Select the word which best completes each sentence. Then, for each item, write the answers in the boxes that begin with the corresponding number in the square puzzle. Letter clues in the puzzle can be used to help you complete the sentences.



1. At learning centers, things commonly used together are grouped together for _____.
2. Learning centers can be set up in a variety of different _____.
3. When planning centers, caregivers should have specific educational _____ in mind.
4. Both indoor and _____ learning centers should be planned.
5. Learning centers can involve group or _____ activities.
6. In some learning centers, children have a choice of _____ activities.
7. Children do not always use materials in a learning center as the caregiver _____ for them to be used.
8. If caregivers observe that a learning center no longer is reaching its goals, the learning center can be _____.
9. Different approaches can _____ children to reach desired goals.
10. Children can direct their own _____ and activities in these centers.

Activity 16-3 • Application

Directions

Describe various types of indoor and outdoor learning centers by completing the following activity. For each learning center listed below, briefly describe one activity which could be planned for children. An example is given for the first learning center listed.

1. Art Learning Center: Children create "animals" from play dough.
2. Block Learning Center: _____
3. Computer Learning Center: _____
4. Dramatic Play Learning Center: _____
5. Language Arts Learning Center: _____
6. Manipulative Play Learning Center: _____
7. Math Learning Center: _____
8. Music Learning Center: _____
9. Quiet Learning Center: _____
10. Woodworking Learning Center: _____
11. Wheel Toys Learning Center: _____

12. Sand and Water Learning Center: _____

_____

13. Climbing Equipment Learning Center: _____

_____

14. Swinging Learning Center: _____

_____

15. Outdoor Quiet Space Learning Center: _____

_____

Activity 16-4 • Puzzle

Directions

Relate the use of various learning centers to the physical, emotional, social, and cognitive development of children. Read each learning center activity description below. For each, select the area of development that the activity originally promotes. Place the number of that area of development in the right-hand corner of the box with the letter corresponding to the learning center description. If all answers are correct, the total of the numbers in all four rows and columns will be equal. Write this total in the space provided.

Areas of Development

1. Physical Development
2. Emotional Development
3. Social Development
4. Cognitive Development

A	B	C	D
E	F	G	H
I	J	K	L
M	N	O	P

Total of <u>each</u> column/row _____

Learning Center Activity Descriptions

A. an art activity in which children create pictures from original thoughts
B. a manipulative play learning center activity in which children practice use of buttoning materials, zipper boards, snap boards, and lacing boards
C. a dramatic play learning center activity that requires helping others and sharing household work
D. a music activity in which children express their own ideas and emotions through music
E. an outdoor learning center that allows children to climb on equipment and jump over objects
F. a music activity that allows children to release tensions by relaxing their bodies
G. a language arts learning center activity in which children use flash cards of letters and pictures to associate alphabet letter with phonetic sounds

H. a block learning center activity that helps children cooperate as a group to build a "house"
I. clean-up and pick-up activities that children must do as a group after an art activity
J. a dramatic play learning center activity in which children learn about roles they see in the home with their families
K. a block learning center activity that helps children develop eye-hand coordination by stacking blocks to certain heights
L. a science learning center activity in which children learn facts about gravity through an experiment
M. a dramatic play learning center activity in which children "dress up" and play different roles seen in society
N. a math activity in which two-year olds count blocks and identify simple shapes
O. a quiet learning center activity which allows a child to be alone, relax, and experience a cozy place
P. a manipulative play center activity in which children thread beads onto string to make necklaces

Activity 16-5 • Application

Directions

Complete part A and B of the following activity to apply your knowledge about field trips as teaching strategies.

A. A field trip is a planned trip to a location away from the child care center. Good field trips are planned to meet developmental goals of children. In the spaces provided below, use your creativity to list at least five names of specific places which could be visited as field trips for young children.

1. _____
2. _____
3. _____
4. _____
5. _____

B. Holidays and special events allow time for special learning experiences for children. For example, a Valentine's Day "theme" could be encouraged in all learning center activities just before a holiday. An example of an art activity following the Valentine theme would be making hearts to be hung from the classroom ceiling. Using a Thanksgiving theme, create one activity for each learning center listed. Write your ideas in the spaces provided.

1. Art Activity: _____
   _____
2. Dramatic Play Activity: _____
   _____
3. Language Arts Activity: _____
   _____
4. Math Activity: _____
   _____
5. Music Activity: _____
   _____

Activity 16-6 • Matching

Directions

Several different methods and tools may be used to conduct observations for the purpose of planning curriculum that meets the developmental needs of children. Match the method/tool below with its description.

Descriptions

____ 1. Used for observations that include cameras, camcorders, and cassette recorders

____ 2. Lists of specific behaviors arranged in a logical order

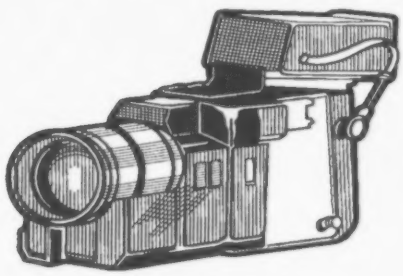
____ 3. Brief narrative accounts describing an incident of a child's behavior that is important to the observer

____ 4. A collection of work done by the child over a period of time

____ 5. Observation tools that indicate the degree to which a person possesses a certain trait or behavior

Method/Tool for Observation

A. anecdotal records
B. checklists
C. media techniques
D. rating scales
E. specimen samples



Chapter 17

Newborns and Infants

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 17:

- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7D Set up guidelines for assisting children with routine activities.
- 8E Analyze the effect of family stability on children's behavior.

Introduction

Neonates (newborn infants) have special traits that help them begin life. Through the first year of a child's life, changes happen rapidly. Caregivers play important roles in the development of infants.

This chapter identifies major characteristics of infants during the first year of life. Teaching strategies are included for each age group. These strategies help caregivers to promote physical, emotional, social, and intellectual development of infants in their care.

Activity 17-1 • Short Answer

Directions

Using complete sentences, answer the following questions related to genetic influences on prenatal development.

1. What are genetic traits?

2. What are three examples of genetic traits?

3. What are birth defects?

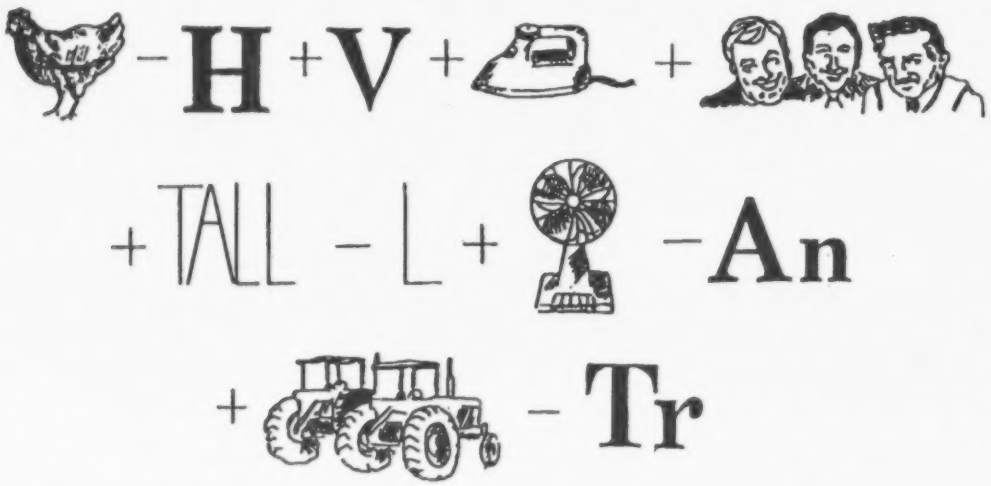
4. What are five examples of birth defects?

5. How can genetic counseling help families?

Directions

Complete the rebus scramble by writing down each of the words illustrated. Then add or subtract the letters as indicated. Unscramble the remaining letters to identify influences on development of children.

Puzzle Hint: Influences that come from the surroundings



In the spaces provided, list four examples of these influences that can be harmful to an unborn child.

1. _____
2. _____
3. _____
4. _____

Activity 17-3 • Multiple Choice

Directions

Complete the following activity to review major adjustments which are made in the body systems of a neonate after birth. In the blank to the left of each number, place the letter of the response that best completes the statement.

_____ 1. The full-term newborn is born about
- A. 200 days after conception.
- B. 266 days after conception.
- C. 300 days after conception.
- D. 366 days after conception.

_____ 2. The newborn baby
- A. needs much less oxygen than the fetus.
- B. needs to avoid tactile stimulation.
- C. needs more oxygen than the fetus.
- D. almost always dies from anoxia.

_____ 3. The neonate
- A. has a stable body temperature.
- B. creates heat by eating, moving, and crying.
- C. usually does not need to be covered with a blanket.
- D. loses most of the body heat through arm and foot movements.

_____ 4. At birth,
- A. a baby's heart rate will range from 120 to 160 beats per minute and may have unstable beating.
- B. a baby usually has a heart rate around 100 beats per minute and very stable beating.
- C. a baby almost always requires extra oxygen to reduce the heart rate to 80 beats per minute.
- D. a baby usually needs CPR to help the heart begin beating.

_____ 5. A baby is
- A. born without a sucking reflex and must learn how to eat.
- B. born with sphincter muscles which do not automatically open.
- C. always born with jaundice.
- D. born with a strong sucking reflex to aid in getting milk.

_____ 6. Tactile stimulation
- A. should be avoided for a baby.
- B. causes a baby to recover from jaundice.
- C. helps a baby's respiratory system develop better.
- D. involves putting eye drops in a baby's eyes to help vision adjustments.

_____ 7. A neonate's sphincter muscles
- A. automatically open when the bowels or bladder is full.
- B. automatically close when the bowels or bladder is full.
- C. affect the ability to hear clearly.
- D. affect the ability to get milk.

_____ 8. Jaundice occurs in approximately half of all babies after birth because
A. the baby's liver is mature.
B. the baby's liver is not mature.
C. the baby's mother had the illness.
D. the baby receives too much iron.

_____ 9. Tactile stimulation can be given by
A. touching.
B. patting.
C. rubbing.
D. all of the above.

_____ 10. Most of the baby's body heat is lost through
A. feet.
B. head.
C. stomach.
D. arms.

Activity 17-4 • Fill-in-the-Blank

Directions

Part I: Unscramble each scrambled word below to list examples of physical reflexes which neonates possess at birth. Place the unscrambled words in the spaces provided.

1. I H A T B G E R N

   _ _ _ _ _ _ _ _ _

2. I E G Z E N S N

   _ _ _ _ _ _ _ _

3. G N U O C I H G

   _ _ _ _ _ _ _ _

4. N G I A G G G

   _ _ _ _ _ _ _

5. W A I Y N G N

   _ _ _ _ _ _ _

6. M I I O N T G V

   _ _ _ _ _ _ _ _

Part II: Complete each statement by circling the correct answer.

7. When neonates are born, they can see:
   light and dark ✎ dark only ✎ light only.

8. The neonate seems to prefer:
   bright pictures ✎ human faces ✎ animal sounds.

9. When an infant's senses are not stimulated, his or her systems mature:
   more quickly ✎ more slowly ✎ about the same.

10. Development of the senses:
    is complete at birth ✎ happens with maturation ✎ is completed in prenatal development.

Part III: Give the information requested in the space provided for each item.

11. A state is _____.

12. During waking activity, infants need protection from too much _____ _____.

13. To calm and infant in the crying state, the caregiver needs to _____ _____.

14. When the infant is in an irregular sleep, the infant's body moves and _____ _____.

15. Caregivers should experiment to see which positions on movements seem to make _____ _____.

Activity 17-5 • Fill-in-the-Blank

Directions

Complete each part of the following activity to describe major characteristics of infants from birth to four months of age. Place the appropriate word from the word list in the blank in each sentence.

roll over	health	sweet
communicate	details	differentiation
sequence	speech	movement
security	relations	temperament
senses	trust	support

1. As infants learn control of their muscles, they develop basic feelings of emotional _____.
2. Muscular control of infants develops in a/an _____.
3. The newborn infant's neck cannot yet _____ the head.
4. A major accomplishment during the third and fourth months is learning to _____.
5. One sign of hunger is a young infant is active _____ of arms and legs.
6. If infants are fed when they are hungry, they learn to _____ caregivers.
7. An infant's bowel movements reflect his/her _____.
8. By the first few months of life, infants can recognize _____ sounds.
9. At first, a newborn cannot see _____.
10. Infants prefer _____ tastes.
11. Feelings of trust and security in the infant come from _____ with others.
12. _____, an infant's personal style of behavior, develops during the first four months of life.
13. Infants use their _____ to develop their self-concept.

14. Crying is one way that infants _____.

15. The process used by infants of actively searching through use of their senses is called _____.

Activity 17-6 • True/False

Directions

Complete the following activity to review appropriate teaching strategies for infants from birth to four months of age. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Teaching strategies used with infants should focus mainly on language development.

_____

T F 2. An infant should be held while being bottle fed.

_____

T F 3. Basically, diaper changing times are unpleasant and should be completed as quickly and neatly as possible.

_____

T F 4. Since newborns cannot hear sounds at birth, there is no need to stimulate them with sound for several months.

_____

T F 5. Providing a variety of colorful objects within an infant's focusing distance helps the infant's sight.

_____

T F 6. Exposure to different tastes, touches, and odors is healthy for an infant.

_____

T F 7. It is best to allow infants to cry for a period of time before meeting their needs in order to avoid spoiling them.

_____

T F 8. Quiet infants are usually not as smart as active infants.

_____

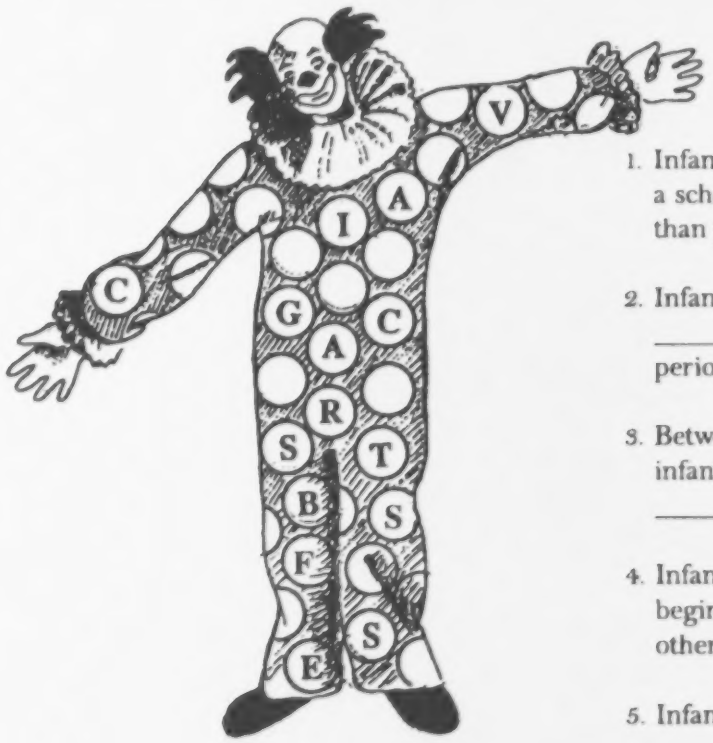
T F 9. Caregivers should talk to infants to encourage them to communicate.

T F 10. The caregiver should help the infant to develop self-confidence by allowing this infant to accomplishing tasks on their own.

Activity 17-7 • Fill-in-the-Blank

Directions

Complete the following activity to review development of infants from four to eight months of age. Use the letters on the clown's suit as clues. Use each letter as the first letter of a word to complete each sentence below. Place the missing words in the spaces provided.



1. Infants during this period adapt better to a scheduled _____ than younger infants do.

2. Infants learn to sit up with no _____ during this period.

3. Between the fourth and sixth months, infants usually learn to move around by _____.

4. Infants express different emotions and begin _____ with other people.

5. Infants gain more _____ control of the skills of reaching, grasping, and releasing between four and eight months.

6. During this period, infants may be uncomfortable when they begin _____.

7. During this time period, infants enjoy making and responding to _____.

8. Happiness, fear, pleasure, and frustration are examples of _____ which infants often express.

9. When an infant clings to a caregiver, cries, or tries to move away from an unfamiliar person, he or she is showing stranger _____.

10. If an infant does not adapt easily to changes, changes in eating patterns and routines should be introduced _____.

11. Socially, infants from four to eight months develop strong _____ to parents and other familiar caregivers.

12. _____ is a pleasurable speech sound made by infants to express feelings of comfort and satisfaction.

13. _____ is the repetition of speech sounds which infants learn as part of language development.

14. Most doctors recommend that infants begin eating solid foods around _____ months of age.

15. Infants usually begin teething around _____ months of age.

Activity 17-8 • Application

Directions

Part I: Read each of the teaching strategies described below. If the strategy is appropriate and would aid the development of infants from four to eight months of age, place a **"YES"** in the blank to the left of the strategy. If the strategy is not appropriate or useful for infants of this age, place a **"NO"** in the blank.

Teaching Strategies

_____ 1. Allow infants to sit and stand for brief periods several times during the day.

_____ 2. Place a toy on the floor slightly out of infant's reach.

_____ 3. Provide small toys of any shape that cannot be swallowed.

_____ 4. Provide materials such as zipper boards and jars with lids to stimulate manipulation.

_____ 5. Provide puzzles for development of small muscle coordination.

_____ 6. Provide food which will stay on a fork.

_____ 7. Play funny games such as "touch your nose."

_____ 8. Play "mimicking" games.

_____ 9. Cover part of an object which a child has seen. Allow child to push or pull cover off object.

_____ 10. Play peek-a-boo.

_____ 11. Provide toys and equipment that require sharing.

Part II: Think of one teaching strategy not mentioned above which would be appropriate for infants from four to eight months of age. Describe the strategy in the space provided below.

_____

_____

_____

_____

Activity 17-9 • Sentence Completion

Directions

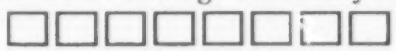
Complete the following sentences related to major characteristics of infants from eight to twelve months of age. Write the letters of each missing word in the boxes provided.

1. Infants eight to twelve months of age can move by creeping and _____.

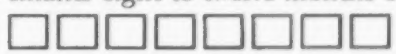
2. During this time period, infants become _____ of people and objects they like.

3. By twelve months of age, infants use babbling, words, and other sounds in order to _____.

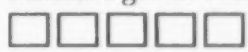
4. Infants of this age will usually follow _____ for eating, sleeping, and elimination.



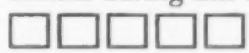
5. Infants eight to twelve months old are very fascinated with their new _____.



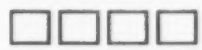
6. Infants eight to twelve months old usually sleep _____ to ten hours at night.



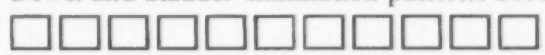
7. Infants during this time period eat _____ foods.



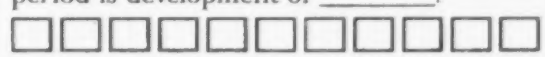
8. Infants eight to twelve months of age may _____ other children, causing bruises and teeth marks.



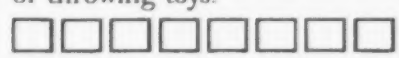
9. Bowel and bladder elimination patterns become more _____ as infants get older.



10. An obvious sign of emotional development during the eight-month-old to twelve-month-old period is development of _____.



11. With new independence, infants sometimes behave in _____ ways by pushing food away or throwing toys.



12. Older infants need the security of having a _____ caregiver in sight at all times.

☐☐☐☐☐☐☐☐

13. By this stage, infants have developed the concept of object _____.

☐☐☐☐☐☐☐☐☐☐

14. During this stage, infants begin to _____ words with objects.

☐☐☐☐☐☐☐☐☐

15. During this stage, infants begin to _____ as a first step in writing development.

☐☐☐☐☐☐☐☐

Directions

Analyze appropriate teaching strategies for infants from eight to twelve months of age by completing the following activity. Read each strategy. If you approve of a strategy for use with infants of this age group, draw a "stamp of approval" next to the description. For approved activities, identify the area of development that the strategy most enhances (physical, emotional/social, or intellectual/language). An example is provided.

Strategy	Approval	Areas of Development
1. Provide infants with safe, small objects to grasp.		physical
2. Allow the infant to make choices.		
3. Place infant's favorite toy(s) slightly out of reach.		
4. Read simple books aloud to infants.		
5. Provide chances for children to help clean up.		

Activity 17-10 • Analysis, cont'd.

Strategy	Approval	Areas of Development
6. Encourage children to complete toileting activities themselves.		
7. Play games that encourage hopping and jumping.		
8. Expect children to put toys away.		
9. Avoid the use of "no" whenever possible.		
10. Serve finger foods when possible.		

Chapter 18

Toddlers

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 18:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7B Practice effective communication skills.
- 7H Determine appropriate techniques when guiding children, including those with special needs.
- 8E Analyze the effect of family stability on children's behavior.

Introduction

Toddlers are children between ages one and three when they normally learn to walk. Toddlers develop rapidly and experience many changes. Because of their new ability to move around, toddlers can learn and discover from exploring. Because toddlers are active and energetic, caregivers are challenged to provide them with safe and positive environments.

This chapter explores the major characteristics of toddlers by describing toddlers in four different age periods. As children's traits are described, teaching strategies are suggested that are appropriate for use with the described age group. The importance of all activities to physical, emotional, social, and cognitive development is emphasized.

Activity 18-1 • Writing

Directions

Write a paragraph describing the typical toddler.

Directions

Part I: Complete the following activity to identify characteristics of toddlers from 12 to 18 months of age. Read each item listed below. If the item describes a toddler between the ages of 12 to 18 months, place a ✔ in the space to the left of the item. If the item does not describe a 12 to 18 month-old toddler, leave the space blank.

____ 1. Are active

____ 2. Can stand up

____ 3. Like pretend play

____ 4. Can do abstract thinking

____ 5. Can walk and run smoothly

____ 6. Can crawl

____ 7. Play well with other children their age

____ 8. Are toilet trained

____ 9. Understand the feelings of others

____ 10. Learn language through imitating words and sounds

____ 11. Behave differently toward different people

____ 12. Have a short attention span

____ 13. Learn by exploring and experimenting

____ 14. Use more recognizable words than before

____ 15. Learn to recognize themselves in the mirror

____ 16. Are self-centered

____ 17. Are always independent

____ 18. Control emotions well

____ 19. Almost always like new caregivers immediately

____ 20. Like to share

Part II: Select two of the characteristics identified in Part I for toddlers 12 to 18 months of age. Write a brief statement (three or four sentences) describing a toddler you have seen who displayed these characteristics.

Activity 18-3 • Matching

Directions

Complete the following activity to review teaching strategies for toddlers from 12 to 18 months of age. Read each statement below. Place a code in the blank to the left of each item to identify the type of development that the strategy encourages.

Code List

PD – Physical Development
ED – Emotional Development
SD – Social Development
CLD – Cognitive and Language Development

_____ 1. Provide ample materials and toys so sharing may be encouraged but not required.

_____ 2. Provide chances for children to help clean up, pass out items, and assist with clothing.

_____ 3. Provide children food that requires use of a fork.

_____ 4. Provide a safe area and a target for toddlers to throw small, soft objects.

_____ 5. Provide touching, stroking, and holding interactions.

_____ 6. Allow toddlers to attempt activities by themselves. Do not interfere if toddlers can succeed without help.

_____ 7. Hide a toy while the toddler watches. Ask the child to find it. Praise successful efforts.

_____ 8. Play sound games. Point out a picture of an animal and make the sound it makes.

_____ 9. Do not force toddlers to interact with all people. Expect different responses and accept toddlers' choices.

_____ 10. Ask whether a child needs to go to the toilet before and after nap and outside play. Assist the toddler only when necessary with toileting.

Activity 18-4 • Multiple Choice

Directions

Complete the following activity related to characteristics of 18 to 24-month-old toddlers. Each item relates to a different area of development in children. For each numbered item, select the choice that best describes the traits of most 18 to 24-month-old children. Place a ☆ in the space to the left of your choice.

Physical Development

1. _____ A. Toddlers can release objects that have been grasped.

   _____ B. Toddlers do not yet have control over small muscles.

2. _____ A. Caregivers must still feed toddlers all of their food.

   _____ B. Toddlers can control their cups and spoons somewhat.

3. _____ A. Increased wrist flexibility helps toddlers in digging and in scribbling with a marker.

   _____ B. Toddlers cannot yet throw objects or twist lids off of jars.

Emotional Development

4. _____ A. Fantasies increase during this time period.

   _____ B. Toddlers understand their fears better when caregivers explain them.

5. _____ A. Changes in moods decrease.

   _____ B. Changes in moods increase.

6. _____ A. Toddlers learn to control their emotions more easily.

   _____ B. Toddlers begin to try to control the reactions of other people.

Social Development

7. _____ A. Toddlers usually consider the feelings of others.

_____ B. Toddlers are self-centered.

8. _____ A. Toddlers are usually shy about showing their work to other people.

_____ B. Toddlers want to show their favorite caregivers drawings and toys.

9. _____ A. Toddlers have a short attention span.

_____ B. Toddlers can pay attention for fairly long periods of time.

Cognitive and Language Development

10. _____ A. Toddlers learn to name a few familiar objects seen in pictures.

_____ B. Toddlers cannot yet use sentences in their speech.

11. _____ A. Object permanence is understood.

_____ B. Toddlers cannot yet play peek-a-boo games.

12. _____ A. Toddlers are ready to start learning social words, such as hello, thank you, and please.

_____ B. Toddlers understand the difference in "good" and "bad."

Activity 18-5 • Matching

Directions

Complete the following activity to review teaching strategies for toddlers from 18 to 24 months of age. For each toddler trait identified, select a teaching strategy that should be used with children who possess the trait. Place the letter of the selected teaching strategy in the blank to the left of the matching toddler trait. Some toddler traits may use more than one letter.

Toddler Traits

____ 1. Children have more fantasies and fears than before.

____ 2. Children have more wrist flexibility.

____ 3. Toddlers wish to please.

____ 4. Toddlers express feelings openly.

____ 5. Children have most of their baby teeth.

____ 6. Children are ready to learn social words, such as hello and thank you.

____ 7. Toddlers are self-centered.

____ 8. Toddlers have short attention spans.

____ 9. Large muscle control is improving with practice.

____ 10. Toddlers have changes in moods.

Teaching Strategies

A. Plan flexible and simple group activities, allowing children to move to another activity as desired.

B. Communicate to children that they are still loved when they express negative emotions.

C. Provide supervised free play on wheeled toys, slides, and safe climbing equipment.

D. Allow children to show intense swings in emotions and behavior. Show children that you accept them as individuals.

E. Encourage and work beside a child who wants to help clean up.

F. Listen to children's fears and comfort them. Accept fears as real.

G. Provide children with puzzles and games with easy-to-grasp knobs.

H. Encourage self-help skills. Teaching strategies for eating should be kept as free as possible from time limits.

I. Plan mostly individual activities and plan group activities for only a few children.

J. Talk with toddlers simply and clearly, using correct language skills.

Directions

Complete the following activity to review characteristics of toddlers from 24 to 30 months of age. Read the case study situation below about two children and a caregiver. Each time a ◆ appears, stop and analyze (in the space provided) the trait of the child that is shown through his or her behavior. Write the trait in the numbered space provided. One example is provided.

The Story of Marc and Angelica

Marc is a two-year-old boy and Angelica is a 27-month-old girl. Marc and Angelica attend Happy Hills Child Care Center while their parents work. Mrs. Huan is the caregiver in Marc and Angelica's toddler class.

On Monday, Mrs. Huan has several fun activities planned for the children in her toddler group. During the morning, the children have several learning centers from which to choose. These include cutting out Valentine hearts, building a pyramid with blocks, and throwing soft bean bags onto a large heart-shaped piece of paper on the floor. All of the children in the group are able to do these activities. ◆ 1. Improved eye-hand coordination and improved small muscle control The toddlers in the group are allowed to move from one activity to another when they tire of the activities they are doing. ◆ 2. _____

_____

At mid-morning, it is time for the children to go outside and play. Mrs. Huan and her assistant guide each child to the bathroom as the indoor activities are ending. Each child is assisted in toileting as needed. ◆ 3. _____

_____ While some children go to the bathroom, other children complete their activities. Marc says he wants to help the teacher's assistant pick up the bean bags and return them to a cabinet. ◆ 4. _____

_____

When the children return to the classroom, Mrs. Huan allows them to place special stickers on a chart showing their success in toileting. The children are encouraged and praised for their successes so they will feel good themselves and gain more independence. 5. _____

_____ Angelica hugs Mrs. Huan after she is given

her sticker to place on the chart. ◆ 6. _____

_____

The children go outside for supervised free play time. Several of the children run around the playground. Marc and his friend, Joe, decide to ride on wheeled toys. Angelica and her friend, Mindy, roll a large ball to each other. ◆ 7. _____

_____

After five minutes, Marc and his friend decide they want to play "ball." They run and get the ball that Angelica and Mindy are using. The four children yell at each other as Marc runs away with the ball. ◆ 8. _____

_____

While running after Marc, Joe falls and skins his knee. He begins to cry as he holds his injured knee. Marc runs back to Joe and pats Joe's leg to try to get him to stop crying.

◆ 9. _____

_____

While patting Joe's leg, Marc says, "Sorry leg hurt." ◆ 10._____

_____

In the meantime, Angelica and Mindy have started digging in the sandbox. They sit next to each other, but each child builds her structure. ◆ 11. _____

_____ As Angelica uses a large plastic cup to form a "castle," she stops and looks at the top of the cup. She points to it and says to Mindy, "See circle." ◆ 12. _____

_____.

Directions

Review teaching strategies for toddlers from 24 to 30 months of age by completing the following activity. For each statement with which you agree, place a ✔ in the column marked "Agree." For each statement with which you disagree, place a ✔ in the column labeled "Disagree." In the space below each statement, write a sentence defending your answer.

Teaching Strategies	Agree	Disagree
1. Providing food that will stay on a fork helps 24 to 30-month-old toddlers at their developmental stage.		
2. Require all toddlers to go to the toilet before nap time and punish any children who have toileting accidents.		
3. When Abbey, a 26-month-old girl, climbs up on the art table, it would be most appropriate for the caregiver to say loudly, "No, Abbey! Don't ever let me see you climb on that table again!"		
4. When Billy, a 2-year-old boy accidently spills his milk during lunch time, it would be best for the caregiver to say, "Here, Billy, let me help you clean up that milk. You have been doing such a good job of drinking from your cup lately. We'll work together to clean this up."		

Teaching Strategies	Agree	Disagree
5. An activity that provides two large plastic balls and two large plastic bats for a group of ten toddlers would work well.		
6. Mrs. Black is a teacher for a child care center. A good activity for a small group of toddlers is holding up large pictures of animals and letting the children take turns making up a sentence about each picture.		

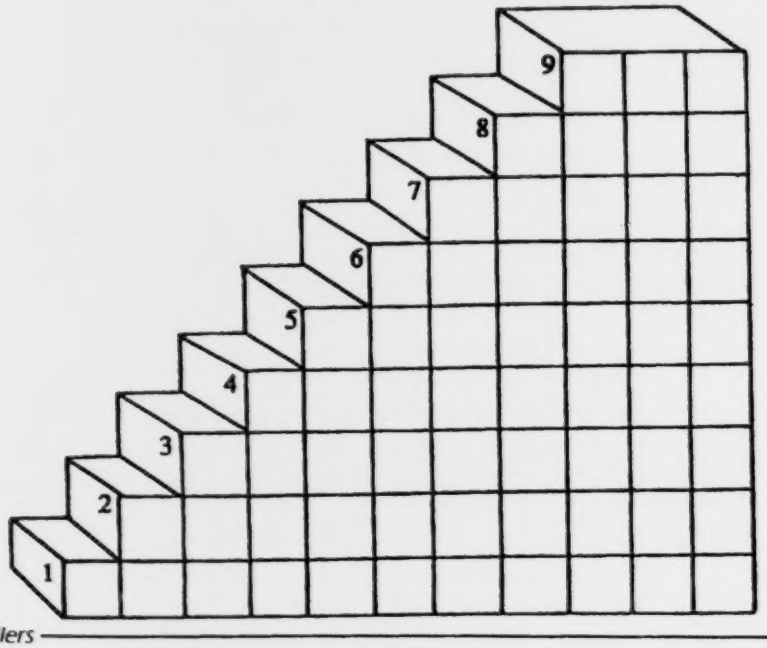
Activity 18-8 • Fill-in-the-Blank

Directions

Complete the following activity to review characteristics of toddlers from 30 to 36 months of age. Read the clues below to determine the meaning of each word regarding traits of toddlers. Write the word in the puzzle boxes to the right of the number of corresponding to the number of the clue. Begin the puzzle with the first clue.

Clues

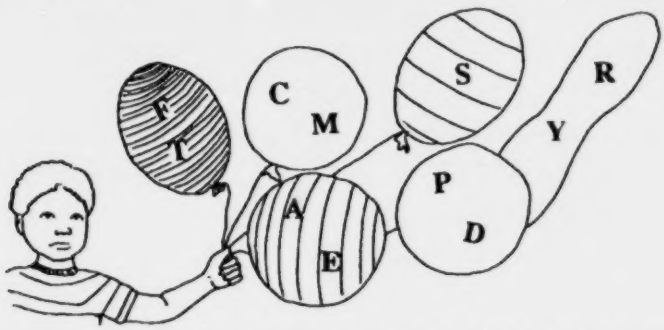
1. Rapid periods of physical growth that cause toddlers to lose their balance often can be _____ for children.
2. Toddlers between 30 to 36 months are _____ of toys.
3. As toddlers grow older, they _____ in play and even form deep friendships.
4. At this age, toddlers express enthusiasm about _____ _____.
5. Toddlers become more interested in _____ play during this period of development than they have before.
6. Most children have complete _____ training by 36 months of age.
7. At this stage of development, toddlers learn to _____ about objects and actions without having actual physical experiences.
8. Toddlers continue to be _____ -centered at this stage of development.
9. Children may _____ each other simply to express anger or because they have seen others do it.



Activity 18-9 • Fill-in-the-Blank

Directions

Complete the following activity to review teaching strategies for toddlers from 30 to 36 months of age. Read each of the statement below. A letter on each toddler's balloons begins one of the words that best completes each statement. Place the most appropriate answer in the blank provided for each statement. After all blanks are filled, unscramble the letters from the striped balloons to complete the Summary Statement.



1. During the 30 to 36-month-old period, teaching strategies for physical development should focus on learning _____ skills, such as dressing, toileting, eating, and washing.

2. Teaching strategies for this age group should provide _____ that are challenging but that will allow children to be successful.

3. As toddlers become more confident in their physical abilities, they tend to _____ more at the intellectual level.

4. It is important for caregivers to provide consistent daily _____ so that toddlers know what to expect and learn to help themselves.

5. Toddlers should be provided with games and songs that use jumping, clapping, running in place, and walking to develop large _____ control.

6. Caregivers can help toddlers stop hitting others by showing them ways to express negative _____ without hitting.

7. Because they still focus on self during this period, toddlers should be allowed to _____ some toys and materials for a period of time.

8. Toddlers enjoy _____ when caregivers listen to their thoughts and ideas.

9. Toddlers learn best by _____ rather than watching.

10. _____ play is good for toddlers' speech development.

Summary Statement:

___ ___ ___ ___ ___ Y is a major concern of caregivers for toddlers.

970

Chapter 19

Preschoolers

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 19:

- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.

Introduction

Three, four, and five-year olds are preschoolers. They learn by testing themselves and their surroundings. This chapter summarizes the major characteristics of each group of preschoolers. Certain "norms" or average traits of preschoolers can be identified. However, what is "normal" for one child might be above or below the "average." Realizing that each child is an individual helps caregivers to allow for behavior differences in children. Knowing general traits to expect in different age groups helps caregivers to plan appropriate teaching strategies.

Activity 19-1 • Short Answer

Directions

Answer the following questions in complete sentences to explain the importance of recognizing normal developmental differences among children of the same age group.

1. What does the term "norm" means?

2. How might children differ in developing different behaviors or skills?

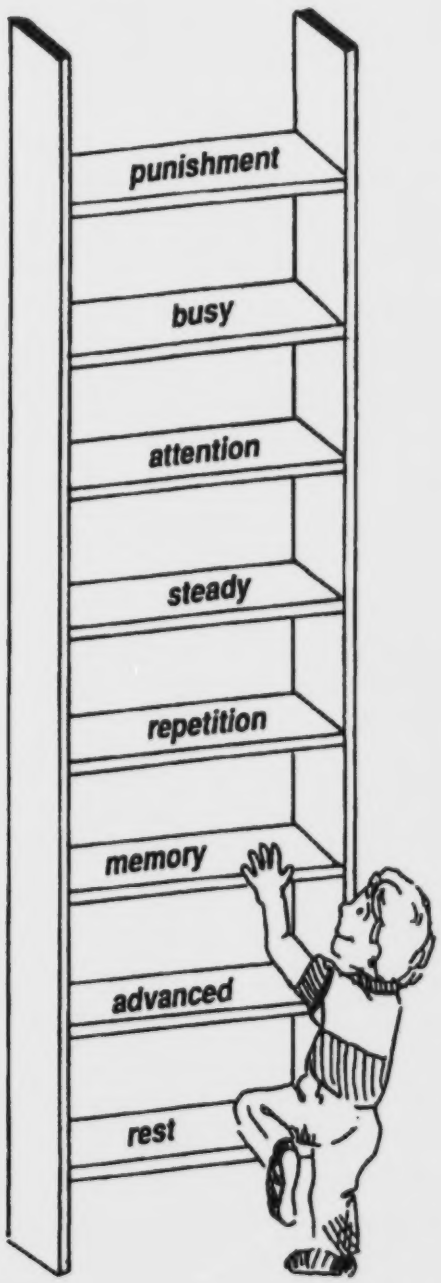
3. Why is it important for caregivers to understand norms (what to expect for each age group)?

4. What are differences between the discovery model and the instructional model used in teaching young children?

Activity 19-2 • Fill-in-the-Blank

Directions

Complete the following activity to review characteristics of 3-year olds. Help the 3-year-old pictured climb to the top of the "developmental ladder" by completing the sentence beside each step on the ladder. Begin at the bottom of the ladder with item #1. Fill in the blank in each sentence by selecting the most appropriate word from one of the ladder steps.



8. Three-year olds are in a state of _____ growth.

7. For three-year olds, small muscle skills are not as _____ as large muscle skills.

6. Three-year-old children are extremely _____.

5. Since three-year olds are very active, they need a midday _____ even if they do not sleep.

4. Although most three-year olds are toilet trained, _____ should not be used if they have accidents.

3. Three-year-old children like the _____ of familiar stories.

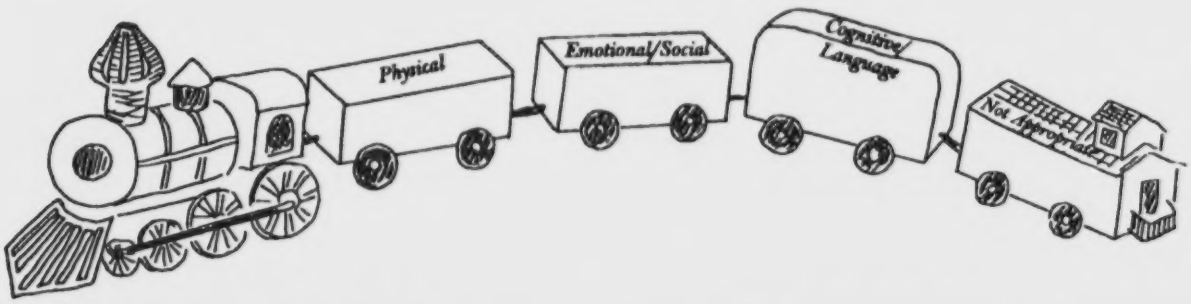
2. Three-year olds sometimes try to gain _____ by showing off.

1. When a child learns to follow simple, concrete directions, it shows that his or her _____ is expanding.

Activity 19-3 • Matching

Directions

Review teaching strategies for three-year-olds by completing the following activity. Each of the cars of the toy train is labeled with an area of development. Read the teaching strategies for three-year olds. Decide which area of development is most enhanced through the teaching strategy. Place the number of the teaching strategy in the correctly titled train car. If a teaching strategy is not appropriate for most three-year-olds, list it in the "Not Appropriate" caboose.

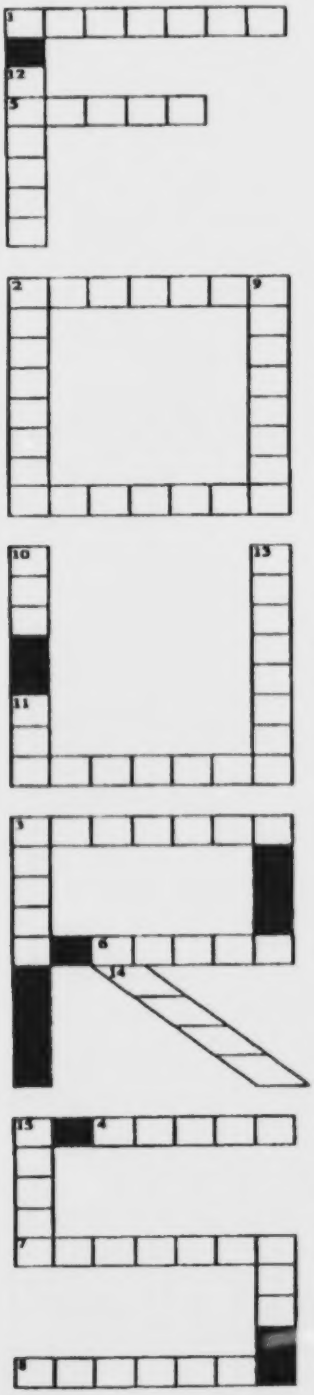


Teaching Strategies for Three-Year Olds

1. Assign different children to change the water and clean the goldfish aquarium.
2. Play music and encourage children to move to the music by running, jumping, or galloping.
3. Comfort a child who is afraid of sitting on the Easter Bunny's lap when the class takes a field trip to a local mall.
4. Show children pictures and encourage them to name objects in the pictures.
5. Lead children in simple finger plays.
6. Encourage children to make pretend cookies and cakes from play dough.
7. Mark circles on a sidewalk and have children hop like kangaroos from circle to circle.
8. Repeat familiar stories to a small group of children.
9. Encourage children to play games such as jacks, marbles, and pick-up sticks.
10. During conversations with children, repeat in full sentences what a child says.
11. Explain how evaporation happens by having children conduct a scientific experiment using different liquids, glass bottles, and saucers.
12. Provide items which encourage children to play dress-up together.
13. Have children rotate in doing tasks such as stacking books, setting the table at mealtime, and serving simple snacks.

Directions

To review characteristics of four-year olds, complete the following "FOURS" puzzle. Some items will begin in one direction and continue in another.



Across

1. Four-year olds have better control of large _____ than younger children.
2. Sometimes, four-year olds try to talk so fast that they may _____.
3. Four-year olds begin trying to separate fact from _____.
4. Around four years of age, children may start using "bad" words and calling each other _____.
5. Four-year-old children are often hard to control and may become _____.
6. Four-year-old children's imaginations sometimes cause them to develop _____.
7. Four-year olds usually use complete _____ when talking to one person.
8. Four-year olds have a/an _____ imagination.

Down

2. Often, four-year olds may seem _____ when they insist on doing something "their way."
3. Four-year olds may try to solve quarrels with their _____ rather than with words.
9. Four-year olds begin to reason in a logical way and see _____ between different things.
10. A question commonly asked by four-year-old children is _____.
11. Four-year olds _____ caregivers more than younger children do.
12. Having an extra amount of physical _____ is a trait of most four-year olds.
13. Fours are _____ and like to play with other children.
14. Since four-year olds want to impress others, they may like to _____.
15. Because of improved control of their _____, four-year olds can cut on a line, saw a board, or handle a paper punch fairly well.

Activity 19-5 • True/False

Directions

Review teaching strategies for four-year olds by completing the following activity. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. It is wise for caregivers to expect four-year olds to have lots of extra physical energy, to be noisy, and to be hard to control at times.

_____

T F 2. Most four-year olds should be able to cut with scissors, if supervised.

_____

T F 3. Since four-year olds are becoming more skilled in small motor activity, caregivers should increase indoor activity time.

_____

T F 4. A good activity for four-year olds' physical development is having children catch a ball, balloon, or bean bag.

_____

T F 5. Since four-year olds usually prefer playing alone, caregivers should plan mostly activities that children can do by themselves.

_____

T F 6. If a caregivers ignores a four-year old's behavior, he/she is using positive reinforcement with the child.

_____

T F 7. Sometimes it may be appropriate to punish four-year olds for calling other children names or for hitting other children.

_____

T F 8. In order to avoid giving four-year-old children any ideas that might frighten them more, it is best to avoid talking about their fears.

_____

T F 9. It is important for caregivers to listen patiently to what children have to say.

_____

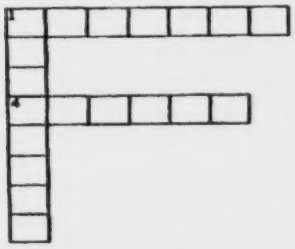
T F 10. Activities that have children compare and place objects in an order by size help four-year olds to understand size relationships.

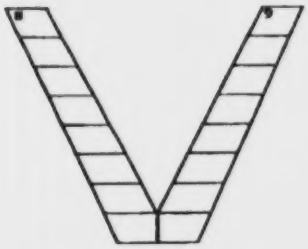
_____

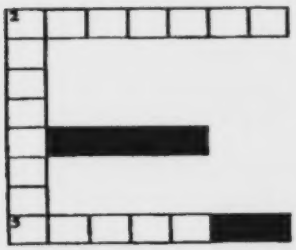
Activity 19-6 • Puzzle

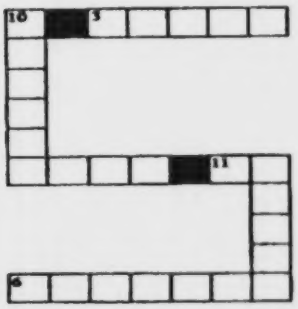
Directions

Complete the following "FIVES" puzzle to review characteristics of five-year olds. Some items will begin in one direction and continue in another.









Across

1. Fives can separate _____ from reality.
2. Rules have _____ for five-year-old children.
3. Five-year olds are more likely to communicate with _____ rather than by fighting.
4. Five-year olds seem to display less _____ than four-year olds do.
5. _____ muscle control develops early for some five-year olds and later for others.
6. Compared to four-year olds, five-year olds are _____ and more easy going.

Down

1. Socially, fives are cooperative and _____.
2. Fives do not like to make _____.
7. Five-year olds have trouble _____ if a trick is played on them.
8. There is usually less _____ in group play with five-year olds than with four-year olds.
9. Fives may become concerned about _____ things they see on television.
10. Five-year olds talk in full _____.
11. Five-year olds have a _____ attention span than younger children.

973

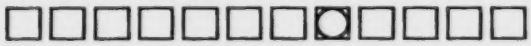
Activity 19-7 • Fill-in-the-Blank

Directions

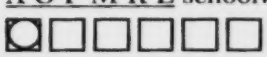
Unscramble the words in the following sentences to review teaching strategies for five-year olds. Write the unscrambled letters in the boxes provided. When all words are unscrambled, use the circled letters to fill in the blank in the summary statement at the end.

1. For five-year olds who spend part or most of the day in public schools, the child care center should meet mainly social and A O O I E T L M N needs.

2. If five-year olds are enrolled in full-time child care, L L L E E A T N T C I U goals should be stressed.

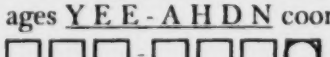


3. Activities planned for five-year olds enrolled in full-time child care should prepare for A O F M R L schoolwork.



4. When five-year olds paint and draw, caregivers should expect different skill levels and avoid comparing I I I L E S A B T of children.

5. Providing children with carpentry experiences that involve use of hammers and nails encourages Y E E - A H D N coordination.



6. Five-year olds need activities that require group A E O O O N C T R P I.

7. In the language development of five-year olds, it is important for them to learn the use of full N N C E E E T S S.

Summary Statement: Since music control develops at different times for different children, new skills should not be _____ of children.

Chapter 20

School-Age Children

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 20:

- 2A Evaluate safety and sanitation standards in a child care setting.
- 4A Explain how children progress through developmental stages.
- 4B Determine developmental differences in children of various ages.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5D Implement developmentally appropriate activities and lessons.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 7H Determine appropriate techniques when guiding children, including those with special needs.

Introduction

Children who attend school part of the day and are enrolled in child care programs need activities that are different from a structured school setting. School-age children enjoy group activities and take pride in developing new skills. Summer programs allow more time to complete long-term projects and to develop positive relationships.

This chapter explains major characteristics of school-age children. Activities and teaching strategies are suggested that caregivers may use with school-age children for fun and learning.

Activity 20-1 • True/False

Directions

Read each statement about the areas of development for school-age children. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Physical growth is quite evident in children ages six through twelve.

_____

T F 2. In the beginning of the school-age period, boys and girls develop physically at different rates.

_____

T F 3. Children between the ages of six and eight are typically more developed in fine motor coordination than gross motor skills.

_____

T F 4. At age twelve, girls begin a major growth spurt and boys begin to pick up at about twelve or thirteen.

_____

T F 5. Girls are generally more physically mature than boys the same age.

_____

T F 6. During the later stages of middle childhood, body changes occur that indicate the body is approaching puberty.

_____

T F 7. Children of this age generally only need about eight hours of sleep.

_____

T F 8. Children toward the end of middle childhood become almost as coordinated as adults.

_____

T F 9. School-age children show less social awareness during this stage.

T F 10. Children of this age develop a sense of self and find it important to gain social acceptance and experience achievement.

T F 11. Children form many preferences and habits during the school-age years.

T F 12. It is important for children to feel a sense of community and to feel connected and accepted.

T F 13. Children's thinking depends more on logic and less on perception.

T F 14. Piaget called the third stage of mental abilities as the abstract operational stage.

T F 15. It is important for school-age children to learn leisure activities.

Activity 20-2 • Multiple Choice

Directions

Complete the following activity to review characteristics of school-age children. In the blank to the left of each number, place the letter of the response which best completes the statement.

_____ 1. School-age children range from
A. three to ten years of age.
B. five to fifteen years of age.
C. six to twelve years of age.
D. eight to twelve years of age.

_____ 2. The school-age years are often referred to as
A. early adolescence.
B. middle childhood.
C. primary stage.
D. late adolescence.

_____ 3. School-age children need to feel a sense of security and belonging because they
A. are still young.
B. are creative.
C. are not as mature as before.
D. rarely interact with others.

_____ 4. School-age children
A. grow very slowly.
B. grow in uneven spurts.
C. grow evenly and gradually.
D. all of the above.

_____ 5. School-age children
A. prefer mostly individual work.
B. do not like jokes and rhymes.
C. should avoid physical activity.
D. need the structure of rules.

_____ 6. School-age children need
A. friends.
B. punishment.
C. to avoid too much reading or written work.
D. to be dependent on adults.

_____ 7. When children start school, this problem may be noticed for the first time:
A. a hearing problem.
B. a behavior problem.
C. a vision problem.
D. all of the above.

_____ 8. Signs that a child has destructive behavior include
A. headaches and hearing problems.
B. lying, cheating, and fighting.
C. complaining and being surprised by a loud noise.
D. all of the above.

_____ 9. Children who like make-believe and pretend play are usually
A. six years old.
B. eight years old.
C. ten years old.
D. twelve years old.

_____ 10. Children who are generally happy and well organized are
A. seven years old
B. eight years old
C. nine years old
D. ten years old

Activity 20-3 • Scenario

Directions

Complete the following activity to apply information about creating a positive environment. Read the scenario. Then respond to the questions in the spaces provided.

School-age children need a place that is planned especially for their needs. Live Oak YWCA After-school Care is located just across the street from an elementary school. Most of the children that go to the after-school program are between the ages of six and nine years of age. The program has approximately thirty-six children enrolled and a staff of four paid employees and six volunteers. The program begins at 3:30 p.m. and lasts until 6:00 p.m.

---

1. What factors need to be considered in staff/child ratios and grouping patterns?

2. What factors influence the indoor and outdoor learning space?

3. How do these factors contribute to a positive environment for school-age children?

Activity 20-4 • Short Answer

Directions

In the space following each teaching strategy, describe the strategy and give at least one example. Remember that teaching strategies for after-school age children need to focus on emotional and social development because cognitive development is stressed more at school. Physical activities in these programs allow children to relax after a structured day at school.

1. Arts and Crafts _____

   Example: _____

2. Creative drama _____

   Example: _____

3. Games _____

   Example: _____

4. Living Things _____

   Example: _____

5. Music and Movement _____

   Example: _____

6. Puppets _____

   Example: _____

7. Project Boxes _____

   Example: _____

8. Storytelling _____

   Example: _____

9. Other Teaching Strategies _____

   Example: _____

Directions

Complete the following activity to review summer programs for school-age children. Read each statement below. If it describes an advantage for summer programming for school-age children not available at other times, write the word **"YES"** in the blank to the left of the item. Leave other items blank.

_____ 1. Summer programs allow children to learn real adult skills.

_____ 2. Summer programs offer a more relaxed, slower-paced program.

_____ 3. Summer programs allow for mainly shorter-term projects so children are not as bored.

_____ 4. Children can develop special skills and talents which require special training during summer months.

_____ 5. More time is available for swimming and field trips during summer months.

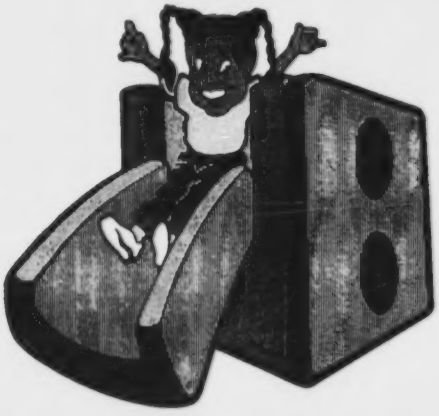
_____ 6. Child care centers usually hire people to teach special classes during the summer.

_____ 7. Less free time is available in the summer and children become less bored.

_____ 8. Summer child care costs much less than child care during the school year.

_____ 9. In summer months, the weather usually permits more outdoor activities.

_____ 10. Since fewer children usually enroll in child care during the summer months, there is more time for friendships involving caregivers and children.



Activity 20-6 • Short Answer

Directions

Complete the following activity to review guidance of school-age children. For each statement with which you agree, place a ✔ in the column marked "Agree." For each statement with which you disagree, place a ✔ in the column labeled "Disagree." In the space below each statement, write a one-sentence statement defending your answer.

Teaching Strategies	Agree	Disagree
1. It is important for caregivers to expect friendships to be important in the play of school-age children.		
2. Since most adults understand cultural values, there is not much need to focus on cultural differences among school-age children.		
3. By the time children reach school-age, they usually do not have any fears or worries.		
4. It is important to offer school-age children a change of pace from structured school activities.		

Teaching Strategies	Agree	Disagree
5. School-age children should be allowed the right to disagree.		
6. Caregivers must apply guidance principles to fit the ages of children.		
7. Be sensitive to the needs of children.		
8. Some children may resent child care.		
9. Encourage role-playing to let children express their ideas and emotions.		
10. Expect all children to act their ages.		

Activity 20-7 • Short Answer

Directions

Trish is a volunteer with a telephone contact service that serves children in self-care. On Tuesdays and Thursdays, Trish reports to the volunteer center. She has a list of children that she calls to discuss any concerns they may have and to provide a "listening ear" to these children who are at home alone without direct adult supervision for several hours after school. She has developed a close relationship with the children and calls them "Trish's kids."

1. In her training class, Trish was asked to define the following terms. Write the definitions for her.
   - self-care children

   - latchkey children

2. Trish knows that while some children seem to deal with being in self-care there may be concerns for others. List ten examples of concerns that could apply to children in self-care.

   (1) (6)

   (2) (7)

   (3) (8)

   (4) (9)

   (5) (10)

3. What are some reasons that the parents of "Trish's kids" might have no other choice than self-care for their children?

4. What attitudes and actions can help Trish provide support for "her kids?"

Chapter 21

Development of Children with Special Needs

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 21:

- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 4C Identify characteristics indicative of special needs or disabilities in children.
- 4D Explain influences on the physical, emotional, social, and intellectual development of children.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 5F Describe methods of assessing developmental levels of children.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 7H Determine appropriate techniques when guiding children, including those with special needs.

Introduction

Children with special needs have conditions such as developmental disabilities or giftedness. It is important for caregivers to understand these special needs in order to care for children. Various professionals can help special needs children. Understanding the child care center's policy for referring children to professionals is important. This chapter emphasizes creating a positive environment for children with special needs to help them develop to their greatest potential.

Activity 21-1 • Fill-in-the-Blank

Directions

The sentences below cover the various special needs of children. Complete each sentence by placing the correct response in the spaces provided.

1. Children with conditions such as developmental disabilities, emotional problems, or giftedness are _____ _____ _____.

2. _____ factors include the genetic history and make-up of a person.

3. _____ factors affect the fetus after conception on the child after birth.

4. A/an _____ is any condition that prevents, delays, or interferes with a child's normal development.

5. _____ _____ involve cognitive functions that are much lower than average.

6. In the past, children with developmental disabilities were referred to as children with _____ _____.

7. A/An _____ _____ involves a disorder in understanding or using spoken or written language.

8. _____ _____ involves breaking a job down into small steps.

9. _____ _____ is a method of changing a person's behavior through carefully planned consequences for a specific behaviors.

10. Vision and hearing problems fall into the category of _____ _____.

11. Children with _____ _____ have vision problems even after corrective measures have been taken.

12. Children with _____ _____ may be classified according to degree of hearing loss.

13. _____ _____ limit physical movement or may result in chronic health problems.

14. A/an _____ is an artificial body part, such as an artificial arm or leg.

15. A child has a _____ _____ when he or she is unable to speak or understand spoken language.

16. A/an _____ disorder is a type of speech impairment that affects speech sound production.

17. _____ _____ affect the child's ability to express or understand word meanings or the correct order of the parts of speech in a sentence.

18. Two major categories of emotional/behavior disorders are hyperactive-aggressive and _____ - _____.

19. _____ / _____ children show a potential for high achievement.

20. Most educators agree that giftedness results from inherited traits and a stimulating _____.

Activity 21-2 • Case Study

Directions

Read the scenario below and respond as directed in the spaces provided.

Chelle was just hired as a teacher assistant in the preschool class at Sand Dollar Child Care Center. The center specializes in early childhood education for children with special needs. Chelle has some experience working with children with special needs, but she wonders if she will remember the guidelines she learned in her classes. She knows that each child has unique needs and cannot be described by the following categories except in general terms.

For each special needs category, help Chelle by writing down the following:
(1) characteristics of children who experience the special need and
(2) guidelines the caregiver should follow to help these children develop.

I. Developmental Disabilities

(1) characteristics _____

_____

(2) guidelines _____

_____

II. Learning Disabilities

(1) characteristics _____

_____

(2) guidelines _____

_____

III. Sensory Disabilities

(1) characteristics _____

_____

(2) guidelines _____

_____

IV. Physical Disabilities

(1) characteristics _____

_____

(2) guidelines _____

_____

V. Communication Disorders

(1) characteristics _____

_____

(2) guidelines _____

_____

VI. Emotional/Behavioral Disorders

(1) characteristics _____

_____

(2) guidelines _____

_____

VII. Gifted/Talented

(1) characteristics _____

_____

(2) guidelines _____

_____

Activity 21-3 • Matching

Directions

Review characteristics of young children with special needs by matching each condition with the special needs category in which it fits. Place the letter of the appropriate category in the blank to the left of the condition. Answers may be used more than once.

Condition

____ 1. Delayed development in toileting skills

____ 2. Having leadership ability

____ 3. Having poor memory

____ 4. Having a voice disorder that affects the pitch or loudness of the voice

____ 5. Inability to master basic concepts

____ 6. Having a fluency disorder that affects the rate and rhythm of speech

____ 7. Having an hearing impairment

____ 8. Being defiant toward adults and destroying property

____ 9. Inability to control muscle movement

____ 10. Being unable to express or understand word meanings

____ 11. Being shy, fearful, and withdrawn

____ 12. Having a congenital heart defect

____ 13. Having epilepsy

____ 14. Being partially sighted

____ 15. Being deaf

____ 16. May include hyperactivity or impulsiveness

____ 17. Being highly creative

____ 18. Having a great lack of self-confidence

____ 19. Having tendency to be depressed

____ 20. Shows potential for high achievement

Special Needs Category

A. Developmental Disability
B. Learning Disability
C. Sensory Disability
D. Physical Disability
E. Communication Disorder
F. Emotional/Behavior Disorder
G. Gifted/Talented

Activity 21-4 • True/False

Directions

Complete the following activity to review screening and assessment, referral for assessment, and roles of special needs professionals. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Screening methods are used to identify children with special needs in a child care program.

_____

T F 2. Regular observations by caregivers serve as one screening method.

_____

T F 3. The screening process gives parents final answers about a child's special needs problems.

_____

T F 4. When referring a child with special needs for assessment, the first step is taking the child to a doctor.

_____

T F 5. Caregivers usually diagnose a child's problems during a meeting with parents.

_____

T F 6. Parents must sign a release form which permits a child care center to release records about their child to anyone.

_____

T F 7. The best way for caregivers to assist children with special needs is to give them individualized care.

_____

T F 8. It is almost always best for children with special needs to be cared for separately from children who are not exceptional.

_____

T F 9. Children with special needs are given labels through assessment to identify methods for caring for these children.

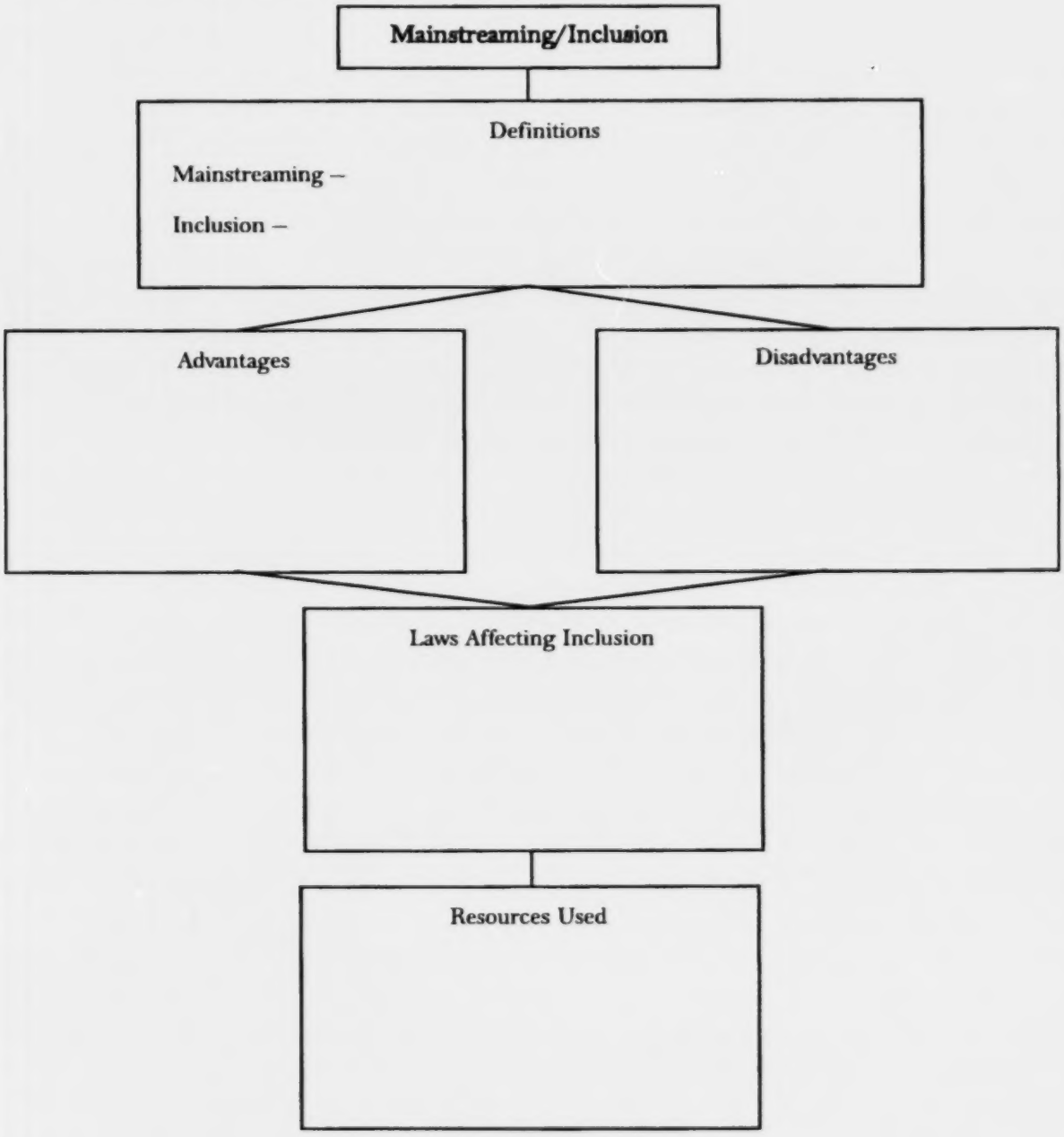
_____

T F 10. It is important to put a great deal of value on the label given to a child through assessment.

_____

Directions

Using the information in the reference book as a starting point, gather information from other texts, library resources, or the Internet on mainstreaming and/or inclusion in early childhood education. Complete a chart on the information that you have found. You may use the chart provided and add additional boxes if needed.



Activity 21-6 • Short Answer

Directions

Caregivers play an important role in identifying and caring for children with special needs. In the boxes below, write some guidelines for accomplishing each of the listed strategies in working with children who have special needs.

Encouraging Independence

Appreciation of Individual Differences

Encouraging Positive Interactions

Arranging the Environment

Schedule Planning

Encouraging Cooperation

Chapter 22

Child Guidance/Behavior and Group Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 22:

- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 4B Determine developmental differences in children of various ages.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7B Practice effective communication skills.
- 7D Set up guidelines for assisting children with routine activities.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 7G Describe guidance strategies for dealing with children's problems.
- 7H Determine appropriate techniques when guiding children, including those with special needs.
- 8A Describe the impact of family beliefs, customs, and culture on children's behavior.

Introduction

Guidance involves ways of helping children learn to behave appropriately. This chapter describes influences of development on the behavior of children. Various behavior philosophies affecting guidance are discussed. Ways to promote positive behavior and deal with problem behavior in children are suggested. Direction is provided for caregivers regarding guidance of children in a variety of situations.

Activity 22-1 • Writing

Directions

The reference book provides several definitions for the term guidance. In your own words, how would you define guidance? Why is it important? Write your responses in the space provided.

1004

Activity 22-2 • Sentence Completion

Directions

Review influence of development on behavior by completing the following sentences. Supply the missing letters for the most appropriate word to complete each sentence. Write the answers in the spaces provided.

1. As children mature, their thoughts, feelings, and actions _____.
   ☐H☐☐☐E

2. As a child's range of behavior widens, he/she is better able to _____ behavior.
   ☐☐☐☐☐O☐

3. Understanding child development helps a caregiver to _____ behavior.
   ☐U☐☐☐

4. Physical, mental, emotional, and social development affect which guidance _____ a caregiver can use.
   ☐E☐☐☐☐☐☐E☐

5. Knowing the _____ of physical development helps caregivers know which behaviors to expect at different stages.
   ☐☐☐U☐☐☐E

6. Understanding stages of child development helps caregivers to select the right toys and _____ for children.
   ☐☐☐I☐☐☐☐E☐

7. _____ in children can lead to negative behavior.
   ☐☐☐☐☐R☐☐☐O☐

8. _____ problems and illnesses can cause problem behavior in young children.
   ☐H☐☐☐☐A☐

9. Children learn to have respect for others through _____ experiences.
   ☐O☐☐A☐

10. Moral development is mainly taught through the _____ of other people.
    ☐☐A☐☐☐☐☐

11. An important part of early development that begins during infancy is a child's _____.
    ☐☐☐☐-☐O☐☐☐☐☐

1005

12. A child's behavior is affected by perception that involves how _____ information is detected and understood.

☐E☐☐☐☐☐

13. _____ can be seen in children when they are able to make decisions about their behavior.

☐☐☐☐-☐☐N☐☐☐☐

14. Children remember _____ if it is given in small units.

☐☐☐☐☐M☐☐☐☐☐

15. When children can express what they want to do, they control their own _____ better.

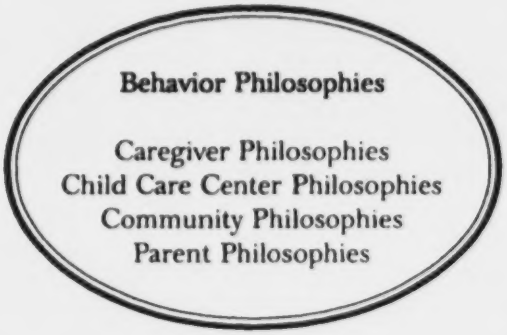
☐☐☐☐☐I☐☐

1006

Activity 22-3 • Identification

Directions

Complete the following activity to review how various behavior philosophies are used to guide children's behaviors. Read each statement below. In the blank below each statement, identify the type of philosophy described by the statement. Select your answers from the philosophies listed in the circle.



1. The child caregiver should always follow these philosophies first.

   _____

2. These philosophies from the home are important influences on children's behavior and may differ from a teacher's philosophies.

   _____

3. These values about behavior must be considered when a center's board of directors or administrators set policies.

   _____

4. Becoming aware of these philosophies helps caregivers to understand the behavior of children who are enrolled at the child care center.

   _____

5. People caring for children decide what is "right" and "wrong" behavior because of these philosophies.

   _____

6. These philosophies must always be followed consistently by child caregivers.

   _____

7. As more information is learned and experience is gained in the area of child development, these philosophies change.

_____

8. Because of these philosophies, caregivers should understand and think through decisions about behavior rather than making them automatically..

_____

9. When philosophies of parents are different from teachers' philosophies, children may become confused.

_____

10. Even personal childhood experiences have an impact on caregivers' philosophies.

_____

1008

Directions

Complete the following activity to analyze the nature of positive and problem behavior in children. Read each statement below. If the statement describes a "positive behavior," place an ✔ in the space to the left of the statement. If the statement describes a "problem behavior," place an **X** in the space to the left of the statement.

____ 1. Behavior that may be overlooked but should be encouraged

____ 2. Behavior that may be used to gain sympathy from others

____ 3. Behavior that may be used to fill a need that has not been previously met

____ 4. Behavior often used to get attention

____ 5. Behavior that might occur due to disruptions in the family life

____ 6. Behavior that favors independence

____ 7. Behavior examples in infants include being active, noise, sociable, and curious

____ 8. Behavior examples in toddlers include being independent and exploring the world around them

____ 9. Behavior that may result from a child being ill

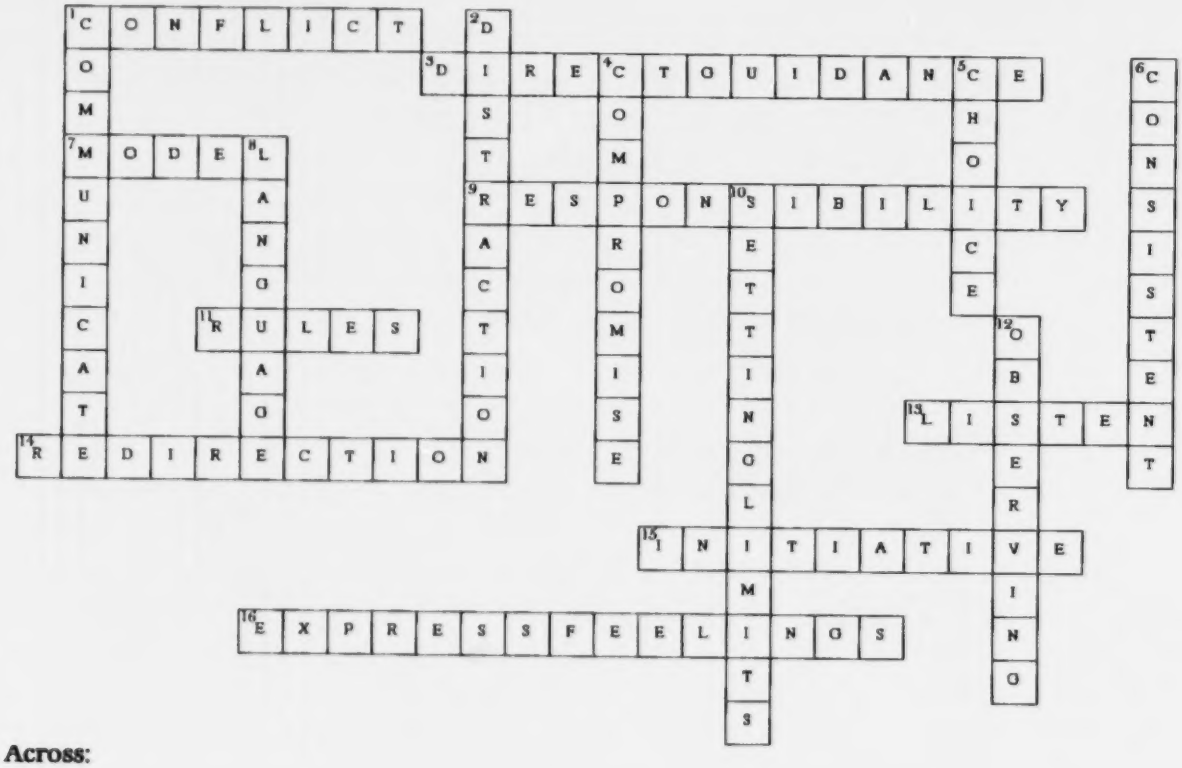
____ 10. Behavior that may require objective observation from the caregivers to view what has really happened

BEST COPY AVAILABLE

Activity 22-5 • Puzzle

Directions

Identify guidance strategies for promoting positive behavior in children by completing the following activity. The crossword puzzle has the answers filled in, but the clues are missing. In the spaces provided, write a clue for each answer.



Across:

1. _____
3. _____
7. _____
9. _____
11. _____
13. _____
14. _____
15. _____
16. _____

1010

Down

1. _____
2. _____
4. _____
5. _____
6. _____
8. _____
10. _____
12. _____

1011

Activity 22-6 • Short Answer

Directions

Describe guidance strategies for dealing with problem behavior in children by completing the following activities.

A. Read each of the following observations of children's behavior. In the space provided under "Type," identify whether the observation is objective or subjective.

Observation	Type
1. James is a troublemaker. He always bothers the other children.	
2. Amy wanted to play with the doll Lucy was playing with. Amy grabbed the doll from Lucy and ran to another area of the child care center.	
3. Hope screams loudly all of the time. She is never quiet.	
4. During outdoor activities, Mark pushes other children. He is a mean child.	
5. Jose talks during story time. Each time the caregiver begins reading, Jose begins to talk and tries to get the story book.	

B. The following chart lists three methods of guiding children. In the appropriate space, describe each method and give an example situation to which the method would apply. Explain how the caregiver would respond to each situation.

Method	Description	Example Situation and Caregiver Response
Firm Communication		
Extinction		
Time-out		

1012

C. Select one of the situations in A or B, and apply the steps that caregivers might use in dealing with problem behavior in children.

Situation:

- Describe the problem behavior.

- Analyze the behavior.

- Consult the child's parents.

- Analyze the child's surroundings.

- Analyze the child's development.

- Examine possible ways to deal with the behavior.

- Decide on specific guidance techniques for managing the problem behavior.

Activity 22-7 • Application

Directions

The following activity contains examples of positive and negative reinforcement used to discourage problem behaviors in children. To clarify the difference in these types of reinforcement, place a + by items which are positive and a — by items which are negative.

_____ 1. Johnny wants to play with the blocks. He asks the caregiver, "May I play with the blocks?" The caregiver smiles and responds, "Yes you may, Johnny."

_____ 2. During lunch, Rodney is always very careful and never makes a mess. Today, however, Rodney spills his milk. The caregiver loudly scolds Rodney saying, "You certainly have made a big mess. The next time you spill milk, you will have to clean it up."

_____ 3. Judy is in the art learning center doing a finger painting. Judy finishes her painting and begins cleaning up her work area. Seeing this, the caregiver says, "Judy, you are a good helper. Thank you for cleaning up your work area."

_____ 4. Before nap time, Shelley goes to the bathroom and completes toileting activities by herself. When Shelley goes to her mat, the caregiver pats her on the back and says, "You did a good job in the bathroom today. You went all by yourself! I'm proud of you."

_____ 5. Sean is usually well-behaved, but today he is screaming at the caregivers and the other children. Sean's caregiver removes him from the group and says, "Sean, you need to stop screaming or you will not get to play with the other children any more."

1014

Chapter 23

Curriculum Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 23:

- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 1C Demonstrate effective management skills.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 4B Determine developmental differences in children of various ages.
- 5B Identify stimulating developmentally appropriate learning environments.
- 5C Demonstrate developmentally appropriate teaching methods and techniques.
- 5E Develop appropriate adaptations of curriculum for children, including those with special needs.
- 5F Describe methods of assessing developmental levels of children.
- 7A Determine developmentally appropriate practices that promote self-discipline.
- 7E Propose developmentally appropriate practices that promote children's respect for diversity.
- 7F Identify guidance strategies for promoting positive behavior in children.
- 9A Identify needs and opportunities for parental involvement in the child care setting.

Introduction

All activities that promote the physical, emotional, social, and cognitive development of children are included in child care curriculum. Curriculum is based on program goals and objectives. In developing curriculum, the program director must consider various program characteristics to meet the needs of the specific situation involved.

This chapter covers information on how the director develops curriculum, different program models that may be used, how to evaluate a program, and various tasks involved in the curriculum process.

Activity 23-1 • Short Answer

Directions

Complete the following activities to review child care program characteristics.

Part I: In the spaces below, list nine types of child care programs (by funding source).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Part II: In the spaces below, list eleven examples of different services that may be offered by child care programs.

10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

1016

Activity 23-2 • Fill-in-the-Blank

Directions

The sentences below relate to curriculum development. Complete each sentence by placing the correct response in the spaces provided.

1. _____ outlines the developmental goals, objectives, and activities for children enrolled in a child care program.
2. The director, teachers, _____, and board members should be involved in curriculum planning.
3. A/an _____ has the main influence on program philosophy.
4. _____ _____are long-range plans.
5. Goals should be worded in terms of child development _____ and reflect the program's philosophy of caregiving.
6. Goals should represent a balance between the needs of the _____, parents, and community.
7. _____ _____ state exact behavior desired, the conditions under which the behavior is performed, and the degree to which the behavior is performed.
8. _____ _____ are activities and learning experiences planned by the teacher to help children meet goals and objectives.
9. _____ use different learning activities to meet the needs of each child.
10. Learning experiences must be put together in an organized way to be _____.
11. A/an _____ _____, or framework, is a guide or general plan for operating a program.
12. The _____ _____ emphasizes the caregiver starting the action with the children responding.
13. The _____ _____ focuses on the children initiating activities with caregiving responding.
14. Many programs try to reach a _____ between instructional and discovery models.
15. A balance may mean that activities are initiated _____ by caregivers and children.

Activity 23-3 • Identification

Directions

Complete the following activity to identify differences between curriculum goals and behavioral objectives for a child care curriculum. Read each statement. In the blank to the left of the statement, identify whether the statement is an example of a curriculum **goal** or a behavioral **objective** by writing **G** or **O** in the blank. An example is provided.

G = curriculum goal
O = behavioral objective

_____ 1. The child will arrange five bottles in order from smallest to largest.

_____ 2. The child will match pairs of cards with identical shapes when given a set of cards.

_____ 3. The child will develop habits and attitudes that promote and maintain personal physical health and well-being.

_____ 4. The child will develop an increase in understanding of problem solving, thinking, reasoning, and creating.

_____ 5. The child will gain an increased understanding of the world by becoming aware of living creatures and how they grow.

_____ 6. The child will identify which container holds the greater amount of liquid when presented with two different-sized containers filled with liquid.

_____ 7. The child will begin to understand and accept differences in people based on ethnic or cultural background.

_____ 8. The child will develop a mathematical understanding through counting, measuring, and grouping.

_____ 9. The child will match the baby animals with the respective parent animals.

_____ 10. The child will fill each of the containers with sand.

1018

Activity 23-4 • Matching

Directions

Part I: Listed in the left-hand column are advantages of different program models. In the blank to the left of each item, write the letter of the program model to which the advantage applies.

Advantages

Program Models

A. Instructional model
B. Discovery model

____ 1. Children know their limits and learn to be dependable.

____ 2. Teachers can guide children directly toward pre-planned goals.

____ 3. Children learn to direct themselves and their actions.

____ 4. Teachers have control over activities.

____ 5. Children learn to cooperate.

____ 6. Teachers and caregivers can see each child's strengths and areas of need.

Part II: Listed in the left-hand column are disadvantages of different program models. In the blank to the left of each item, write the letter of the program model to which the disadvantage applies.

Disadvantages

Program Models

A. Instructional model
B. Discovery model

____ 7. The environment must be carefully planned to insure appropriate choices by children.

____ 8. Some children may be confused by freedom of choice.

____ 9. Children have less opportunity to develop independence.

____ 10. Children have less opportunity to practice decision making.

____ 11. Teachers have fewer chances to see children initiate their own activities.

____ 12. Children may miss valuable experiences because of interest in a few activities.

Activity 23-5 • Short Answer

Directions

Review units of study and evaluation techniques by completing the following activity. Answer each question in the space provided.

1. What does an integrated curriculum allow children to do?

2. What is an example of an integrated curriculum?

3. What is a unit plan?

4. What resources can be used to bring special talents and information to the classroom?

5. What five factors must caregivers consider when selecting units of study.
   (1)
   (2)
   (3)
   (4)
   (5)

6. At what stage in a program should evaluation plans be made?

1020

Activity 23-6 • Sentence Completion

Directions

To review factors that affect scheduling in a child care program, complete the following activity. Select the word that best complete each statement from the word list. Place the appropriate answer in the blank provided.

Word List

abilities	policies
length	quickly
needs	seasons
number	space
play	weather

1. The age, developmental level, and background experiences of children affect their _____ to do certain activities.
2. The _____ of the school day at a child care facility affects how activities are scheduled.
3. Half-day and full-day child care centers usually have different scheduling _____.
4. The _____ of children enrolled at a child care center must be considered when scheduling activities.
5. Extra activities should be scheduled when bad _____ is expected.
6. A longer period of outdoor activity time may be scheduled during some _____ of the year.
7. Activities that children can begin and end _____ should be scheduled at arrival and departure times.
8. It is important to consider arrangement and use of _____ when scheduling activities.
9. It is most important to stay on schedule when a large _____ of children share space and equipment.
10. Periods of _____ should be scheduled for children because of its value to their development.

Activity 23-7 • Short Answer

Directions

Review suggestions to remember in planning play periods for children by completing the following activity. Beside each of the "key phrases," write one mistake that caregivers should avoid. One example is provided.

Key Phrases	Mistakes to Avoid
1. Self-consciousness	Avoid getting too involved in children's play.
2. Appropriateness of toys	_____
3. Number of toys	_____
4. Specific toys for girls and boys	_____
5. Importance of winning	_____

1022

Directions

Review the information regarding health, safety, materials, and equipment as it relates to curriculum management by completing the following exercise. Read each of the case situations. Respond by writing the best answer in the space provided.

Case Study 1

Mrs. Snowden was just hired as the new director of the Rocking Horse Child Care Center. Good health and safety programs are important in a child care program. Each program directly affects the health and welfare of each child. What factors must Mrs. Snowden consider in creating a safe and healthy child care program?

Case Study 2

Mr. Burton has been director of the Humpty Dumpty Center for the past two months. The center has approximately eighty children from birth through six years of age. As director, he oversees the purchase, storage, distribution, maintenance, and replacement of materials and equipment. What are some guidelines that Mr. Burton can utilize with his staff?

Activity 23-9 • True/False

Directions

Complete the following activity to review materials and equipment. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. The director oversees the purchase, storage, distribution, maintenance, and replacement of materials and equipment.

_____

T F 2. Most child care centers can afford all of the materials and equipment they need.

_____

T F 3. Each classroom in a child care center should keep a priority list of materials needed.

_____

T F 4. The child care center director must check each day on which paper and other supplies need to be restocked.

_____

T F 5. All supplies and materials must be purchased.

_____

1024

Chapter 24

Facility Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 24:

- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 1C Demonstrate effective management skills.
- 1D Identify the chain of command and responsibilities of each employee.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.

Introduction

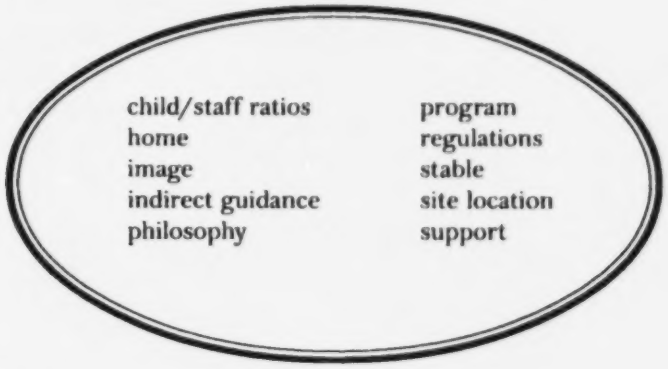
Developing and maintaining a child care facility are important tasks for program directors. Children receive indirect guidance as a result of the organization and use of the child care environment. Indoor and outdoor space must be planned and utilized to best meet the goals and objectives of a child care program. The selection, organization, and maintenance of learning materials is also important.

1025

Activity 24-1 • Fill-in-the-Blank

Directions

Complete the following activity to review regulations, location, and design of a child care facility. Select the most appropriate word or phrase from the list to complete each sentence. Place the word or phrase in the blank.



1. _____ _____ is used when a child care environment is planned.
2. In many states, minimum licensing standards require that certain _____ _____ _____ be met by child care programs.
3. The _____ _____ of a child care facility is an important choice for a successful program.
4. _____ usually require that a child care facility has minimum fire safety and sanitation features.
5. Research has found that parents usually prefer a location closer to _____ than to work or school.
6. The location of a child care facility communicates a certain _____ about the program to the public.
7. Child care facilities need to be located in a _____ neigborhood.
8. When choosing a site for a child care facility, the director or committee should know the audience they will be serving and the type of _____ they want.
9. The space in a child care facility includes indoor space, outdoor space, and space for _____ areas.
10. The amount of space needed for each of these areas depends on the program's _____ and state licensing standards.

1026

Directions

To review the arrangement of indoor space at a child care center, respond to the following items. Write your answers in the spaces provided.

1. List five design guidelines recommended for children's indoor learning spaces.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

2. Describe each of the following design concepts for child care facilities. Provide one advantage and one disadvantage of each.

   a. self-contained design _____

   _____

   Advantage: _____

   Disadvantage: _____

   b. open-space design _____

   _____

   Advantage: _____

   Disadvantage: _____

   c. modified open-space design _____

   _____

   Advantage: _____

   Disadvantage: _____

3. What are the purposes of boundaries in learning centers?

4. What are some ways in which boundaries can be used?

5. What are some factors to consider in each of the following aspects of arranging indoor space?

   - Logical arrangement

   - Areas of varied sizes

   - Uncrowded arrangement

   - Traffic flow

   - Materials for indoor space

Activity 24-3 • Sentence Completion

Directions

Unscramble the words in the left column to complete the sentences describing the use of indoor space. Write the unscrambled words in the boxes.

1. T A A P R S E E ☐☐☐☐☐☐☐☐	A self-contained classroom design uses _____ rooms for each group or age level of children.
2. C I I T T N N E A O R ☐☐☐☐☐☐☐☐☐☐☐	Self-contained classrooms tend to reduce the amount of _____ among groups of children.
3. N E U I D R B O A S ☐☐☐☐☐☐☐☐☐☐	_____ help children understand where an activity begins and ends.
4. T E V C A I ☐☐☐☐☐☐	A large, open space encourages _____ play.
5. C E E T I X D ☐☐☐☐☐☐☐	Crowding children into a small space tends to make them more _____ than usual.
6. R R E O C S N ☐☐☐☐☐☐☐	The best areas for quiet or manipulative activities may be _____ with solid boundaries.
7. O E D T T R A ☐☐☐☐☐☐☐	Children's interest is held when the use of a variety of materials is _____.
8. C F T A F R I F W O F L ☐☐☐☐☐☐☐ ☐☐☐☐	_____ _____ is the movement of children between learning centers.
9. P N E N D I E D T N E ☐☐☐☐☐☐☐☐☐☐☐	A well-organized indoor environment promotes _____ play and positive behavior.
10. L C I H D - Z E I S D ☐☐☐☐☐☐☐☐☐	All items for children's use should be _____.

Activity 24-4 • True/False

Directions

Complete the following activity to review use of outdoor space. Read each statement. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Outdoor space usually does not require as much thought and planning as indoor space.

_____

T F 2. Being outdoors improves alertness and leads to good health.

_____

T F 3. There should be a balance between active and quiet outdoor activities.

_____

T F 4. Areas where infants and toddlers play should not be separated from play areas of older children.

_____

T F 5. It is best to require children to wait to use equipment in order to teach them patience.

_____

T F 6. Storage should be arranged so that children can help get equipment in and out.

_____

T F 7. When planning space needs for a child care program, needed space can be calculated by projecting enrollments.

_____

T F 8. It is realistic to expect children to take turns with two or three tricycles.

_____

T F 9. Some activities usually done indoors can be completed outside.

T F 10. It is important to consider the needs of all children, including those with special needs, in planning outdoor space.

1031

Activity 24-5 • Application

Directions

Review the information concerning indoor and outdoor space arrangement for toddlers and preschool children by studying the chart below and responding to the questions that follow.

Space	Amount of Space Required	
	40 Children	75 Children
Indoor Learning Area		
At 30 square feet per child, minimum	1,200	2,250
At 50 square feet per child, desirable	2,000	3,750
Outdoor Learning Area		
At 80 square feet per child, minimum	3,200	6,000
At 125 square feet per child, desirable	5,000	9,375
Total Building Size		
At 72 square feet per child, minimum	2,880	5,400
At 100 square feet per child, desirable	4,000	7,500
Size (Lot) Size		
At 200 square feet per child, minimum	8,000	15,000
At 350 square feet per child, desirable	14,000	26,250

1. What is the minimum outdoor space required for a day care center with 150 children?
   _____

2. The most desirable building size for 25 children would be _____.

3. What size (minimum) would the lot need to be for a day care center that enrolled 250 children? _____

4. What is the difference between indoor learning areas and outdoor learning areas per child?
   minimum _____
   desirable _____

5. In an ideal situation, how many square feet is required per child (minimum) for outdoor learning?

Activity 24-6 • Short Answer

Directions

Complete the following activity to review support areas and facility maintenance. Answer each question in the space provided.

1. What spaces in a child care facility are considered support areas?

2. What should be considered in planning the entrance?

3. What factors contribute to a well-planned administrative area?

4. What are examples of well-designed areas that can promote parent participation at the child care center?

5. What needs do caregivers have in their support areas?

6. What responsibilities for maintenance of the child care facility do directors, caregivers, teachers, and support staff have?

7. What is a maintenance calendar?

8. What are ten examples of tasks that should be included on a maintenance calendar?
   (1)
   (2)
   (3)
   (4)
   (5)
   (6)
   (7)
   (8)
   (9)
   (10)

9. What are two examples of maintenance tasks that should be done daily or weekly?

10. What are two examples of maintenance tasks that are needed only once or twice a year?

Chapter 25

Child Care Program Organization and Administration

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 25:

1A Analyze licensing and accreditation standards.

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

2A Evaluate safety and sanitation standards in a child care setting.

12A Summarize the rights and responsibilities of employers and employees.

12D Summarize legal aspects of the child care and guidance, management, and service industry.

Introduction

Good organization and administration contribute to the success of a child care/early childhood program. The program director must have specific qualifications and fulfill important responsibilities. Successful child care directors develop an effective leadership style. A basic awareness of the functions of management allows a director to organize staff members to implement a program. This chapter covers responsibilities of the director and other staff members in the child care center.

Activity 25-1 • Writing

Directions

In the space provided, write a paragraph outlining characteristics of an effective child care program director. Use the terms below in your sentences.

Organization and Administration

qualifications	commitment
coordinating	personal time
leadership	well-groomed appearance
employees	consideration
model	

Activity 25-2 • Matching

Directions

Complete the following activity to review functions of management. Read each description of management functions. For each, select the function of management that the statement best describes. Place the number of the correct management function in the blank to the left of each description.

Functions of Management

1. Planning
2. Organization
3. Implementation
4. Evaluation
5. Communication

Descriptions of Management Functions

_____ A. This step answers questions about how well objectives have been reached.

_____ B. In this stage, tasks are assigned to people.

_____ C. This step involves putting a plan into action.

_____ D. In this process, information is shared.

_____ E. This step involves decisions about the goals and objectives to be set.

_____ F. This functions involves messages that are both verbal and nonverbal.

_____ G. This function can be done formally and informally at different times.

_____ H. During this stage, managers direct the activities of those employees assigned to a particular project or job.

_____ I. This function involves choosing words carefully, speaking clearly, and encouraging feedback.

_____ J. A manager may use this stage to motive employees to do job or task.

_____ K. This step should be done periodically during the management process.

_____ L. During this stage, managers should adjust plans based on employees' work.

_____ M. Activities are in motion during this stage.

_____ N. Learning to observe body language aids success in this function of management.

_____ O. During this stage, a sequence of activities is determined.

_____ P. This functions should result in improved performance or a change in plans.

1037

Activity 25-3 • Identification

Directions

Place a ✔ in the blank to the left of each item that describes a responsibility of a child care program director. Place an **X** by any item which is not a responsibility of a child care program director.

_____ 1. Provide leadership for setting overall goals for the child care program.

_____ 2. Keep records such as inventories, repair schedules, and purchase information.

_____ 3. Prepare a staff handbook and keep it current.

_____ 4. Control food budget expenditures.

_____ 5. Prepare snacks and meals for the child care center.

_____ 6. Talk with parents regarding their child's progress.

_____ 7. Keep staff informed concerning the health status of each child.

_____ 8. Interpret the school and its objectives to visitors.

_____ 9. Open children's records to any persons who wish to view them for information.

_____ 10. Serve as a teacher's assistant most days.

_____ 11. Plan orientation for new parents.

_____ 12. Be aware of the changing needs of the community to keep a full enrollment in the program.

_____ 13. Manage supplies, reordering as needed.

_____ 14. Assist staff in carrying out program objectives.

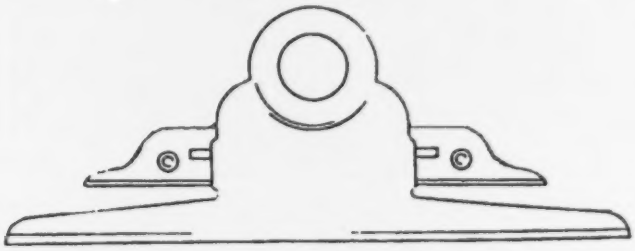
_____ 15. Encourage staff involvement in community activities.

_____ 16. Help the board of directors get organized.

_____ 17. Prepare background information to help the board of directors make decisions.

Directions

Review the importance of record keeping by completing the following activity. Under each clipboard section, list examples of records that should be kept.



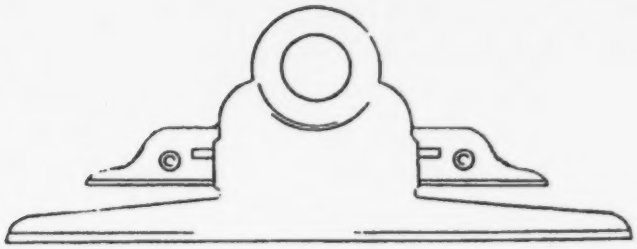
Background Information

1. _____
2. _____
3. _____

Health Information

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

1039



Enrollment and Attendance Information

10. _____

_____

11. _____

_____

12. _____

_____

13. _____

_____

14. _____

_____

Developmental Information

15. _____

_____

16. _____

_____

17. _____

_____

1040

Directions

To review the ways to maintain privacy of information about children and families, select the most appropriate word(s) from the list. Fill in each blank to complete the sentence.

access	policies
ethics	private
orientation	remind
permission	written

To maintain confidentiality of information, a child care program director can take the following steps:

1. Name staff members who have _____ to written records.
2. Develop _____ policies and procedures about privacy of information.
3. Assure parents that their children's records are kept _____.
4. Hold a training session for caregivers about professional _____.
5. Explaining the need to keep information about children and families confidential, during each employee's _____.
6. Give each employee a copy of _____ and review them with the employee.
7. _____ caregivers and other employees of the importance of privacy.
8. Do not pass a child's records on to other professionals without written _____ of the parent.

Activity 25-6 • Case Study

Directions

Read the following case study. Based on information about maintaining a positive environment, answer the questions in complete sentences.

Stephanie Garza has recently been hired as the new director of the Rainbow Learning Center (a facility equipped to handle approximately 80 children [ages 0-6]). The center is funded by the city and only children of city employees may enroll. The center is in its tenth year of operation and Stephanie is only the second director.

Stephanie wants to continue the tradition of maintaining a positive work environment and a good relationship with the board of directors. She really likes her new position. The staff is very friendly and supportive. Stephanie has only met once with the board of directors. They have also been supportive and encouraging.

1. What are some guidelines that Stephanie should consider in maintaining a positive work environment? (List seven.)

2. What are the main responsibilities of a board of directors?

3. What will Stephanie's responsibilities to the board include? (List six.)

1042

Directions

Below is a list of steps involved in starting a new child care program. The steps are not listed in the correct order. To rearrange them, place the number "1" in the blank to the left of the step that should be listed first. Number the remaining steps the order they should be performed.

Starting a New Program

____ 1. Choose the location.

____ 2. Advertise.

____ 3. Determine the legal structure of the operation.

____ 4. Conduct a needs assessment.

____ 5. Develop the statement of philosophy plus goals and objectives for the program.

____ 6. Enroll children and begin the program.

____ 7. Develop a budget for the first year. Set fees.

____ 8. Hire caregivers and other employees.

____ 9. Evaluate insurance needs and obtain insurance.

____ 10. Formulate operating policies and procedures.

____ 11. Develop the curriculum

____ 12. Contact the state licensing agency and other regulatory agencies. Follow their procedures.

Activity 25-8 • Short Answer

Directions

Complete the following activity to review needs assessment.

A. Briefly explain why a needs assessment (market analysis) should be done before starting a child care program.

B. When individuals or groups do a needs assessment before starting a child care program, what types of information should they find out?

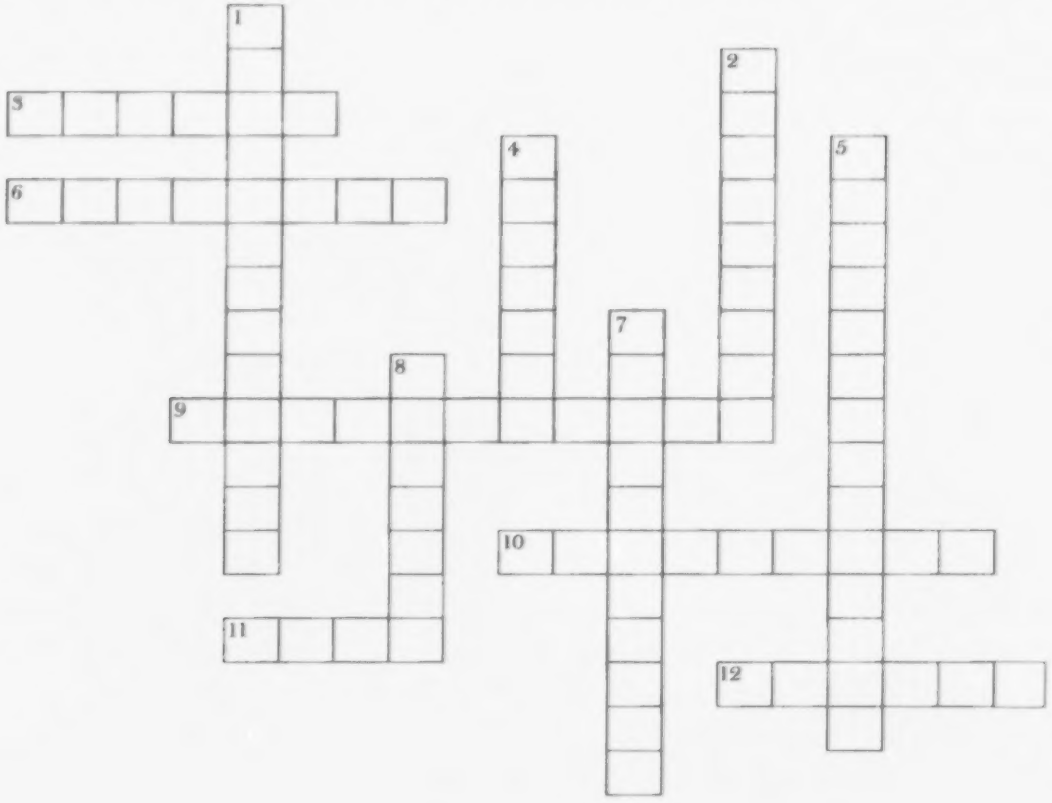
C. List two examples of approaches that can be taken to gather information through a needs assessment.

1044

Activity 25-9 • Puzzle

Directions

Test your understanding of the licensing process by working the crossword puzzle below.



Across

3. To revoke a license means to _____ it.

6. Most states base the staff/child ratio standards on the number of children _____ in a program.

9. In order to get a child care license, _____ must be made of a child care center site.

10. It is best if a child care facility is _____ on a regular basis.

11. For states including group sizes as a minimum standard, maximum group size allowed is different for children of different _____.

12. The _____ of a child's daily stay in child care determines the proportion of nutrition to be provided by the center.

Down

1. _____ child care standards are harder to enforce than health and safety standards.

2. Most states set minimum _____ for operating a child care center.

4. Generally, child care licensing standards are set to _____ children's physical health and safety and to aid their development.

5. Age, education, and experience are examples of staff _____ that some states specify in their minimum standards.

7. In most states, a child care center may begin a program by using a _____ license until all licensing requirements are met.

8. Some states have very specific requirements about _____ that a child care program must keep.

1046

Activity 25-10 • Multiple Choice

Directions

Review policy making procedures by completing the following activity. Read each sentence. Choose the answer that best completes the statement or answer the question. Place an **X** in the space to the left of the appropriate answer.

1. Who writes policies and procedures for operation of a child care center?
   _____ a. Teachers write their own policies.
   _____ b. The director writes policies and procedures.
   _____ c. Teacher assistants write policies and procedures.
   _____ d. No policies or procedures are usually needed unless problems exist.

2. Well-written policies and procedures
   _____ a. should be reviewed regularly to see if they still apply.
   _____ b. help to protect the child care center from liability.
   _____ c. help employees to carry out their daily jobs.
   _____ d. all of the above.

3. Policies for a child care program
   _____ a. should be based mostly on the ages of children enrolled.
   _____ b. should be written in terms of what should not be done a the child care center.
   _____ c. should reflect the goals and purposes of the child care center.
   _____ d. should be distributed to the board of directors only.

4. When policies and procedures for a child care program are written,
   _____ a. input of employees should be used, if possible.
   _____ b. the board of directors should make all decisions.
   _____ c. the director should make decisions and notify employees.
   _____ d. all of the above.

5. It is most important to review policies and procedures regularly
   _____ a. when teachers vote that they should be reviewed.
   _____ b. during the beginning phases of a program.
   _____ c. when the board of directors say they should by reviewed.
   _____ d. just before a child care centers closes.

Activity 25-11 • Checklist

Directions

Complete the following activity to describe how child care programs gain accreditation. For each statement with which you agree, place a ✔ in the column marked "Agree." For each statement with which you disagree, place a ✔ in the column labeled "Disagree." Then write a one-sentence statement defending your answer in the space below each statement.

Teaching Strategies	Agree	Disagree
1. If a child care program is accredited, it does not have to go through the licensing process.		
2. All child care programs are required to become accredited		
3. Voluntary accreditation of child care programs is done through the National Association for the Education of Young Children (NAEYC)		
4. Accreditation standards are not as high as the "minimum standards" used by licensing agencies.		
5. Written reports are the only methods used to validate that a child care program should be accredited.		

1043

Chapter 26

Food Service Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 26:

- 1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.
- 1C Demonstrate effective management skills.
- 1D Identify the chain of command and responsibilities of each employee.
- 2A Evaluate safety and sanitation standards in a child care setting.
- 2D Summarize environmental conditions appropriate for a child care setting.
- 3E Practice techniques that promote good health and safety in young children.
- 6A Determine the role of following food guidelines in promoting children's health.
- 6B Plan attractive nutritious snacks and meals.
- 6C Demonstrate safe and sanitary food handling practices.
- 6D Propose dietary modifications for special diet needs.
- 6E Develop strategies for creating a relaxed mealtime routine.

Introduction

Food service is an important function in directing a child care program. In planning menus for use in a program, the director must consider several important factors. Nutrition, state licensing, wise purchasing practices, appropriate storage of foods, correct use of equipment, careful sanitation practices, and well organized storage of food all contribute to a good overall food service program.

1049

Activity 26-1 • Writing

Directions

Write a paragraph describing food service and nutrition in child care centers. Use the following words in your paragraph.

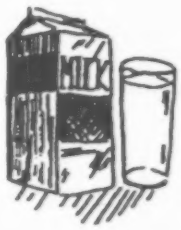
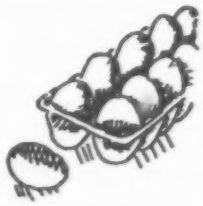
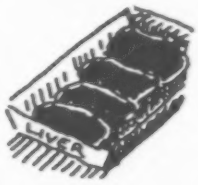
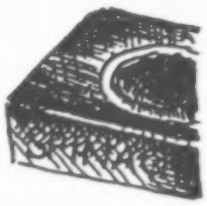
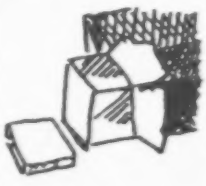
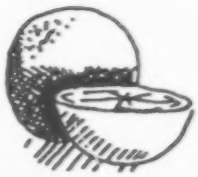
guidelines
funding
sanitized
planning
budget

1050

Activity 26-2 • Identification

Directions

Complete the following activity to identify food sources of essential nutrients. In the space below each picture, write the name of the main nutrient found in the food pictured.

1.  _____	2.  _____	3. _____	4.  _____
5. _____	6. _____	7.  _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14.  _____	15.  _____	16. _____

Activity 26-3 • Short Answer

Directions

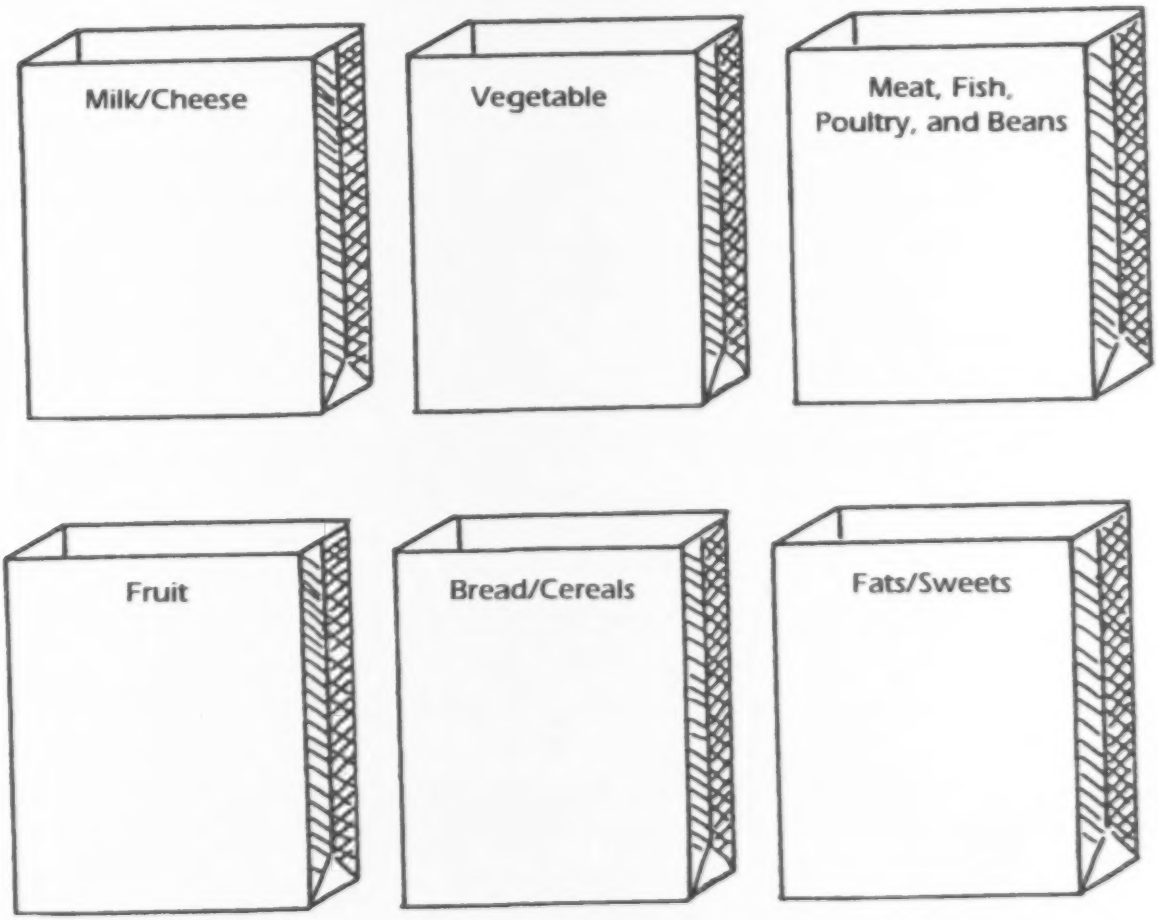
For each nutrient listed in the left column of the chart below, briefly describe its major functions in the right column.

Nutrients	Major Functions
1. Protein	
2. Carbohydrates	
3. Fats	
4. Vitamin A	
5. Vitamin D	
6. B vitamins	
7. Vitamin C	
8. Calcium	
9. Iron	
10. Water	

Directions

Write the name of each food from the list below in the grocery bag with its food group label.

macaroni noodles	potato	green beans
orange	yogurt	cheese
butter	cauliflower	carrots
hamburger patty	peanuts	spaghetti noodles
chocolate chip cookies	ice cream	cake
tuna	rice	oatmeal
cantaloupe	chicken	apple



Activity 26-5 • Short Answer

Directions

To review the relationship of nutrition to children's growth and development, complete the following activity. For each statement with which you agree, place an **X** in the blank labeled "Agree." For each statement with which you disagree, put an **X** in the blank labeled "Disagree." In the space provided, write a one-sentence statement defending your answer.

1. Good nutrition helps children develop to their greatest potential in all areas.

_____ Agree _____ Disagree

_____

_____

2. A child's growth rate is slowest during the first year of life.

_____ Agree _____ Disagree

_____

_____

3. When a child's growth rate slows down and he or she has a smaller appetite, fewer foods are needed in the diet.

_____ Agree _____ Disagree

_____

_____

4. Tooth decay and obesity may occur when a child's diet contains too many empty calories.

_____ Agree _____ Disagree

_____

_____

5. "Empty calories" is a term to describe food that contains few calories.

_____ Agree _____ Disagree

_____

_____

Activity 26-6 • Internet Search

Directions

Locate each of the following Web sites. In the description column, describe the Web site and useful information found. In the comments column, explain how the information could help in planning and preparing meals and snacks for young children.

Web Site	Description/Useful Information	Application to Young Children
www.fns.usda.gov/cnd/		
www.eatright.org/child/		
www.tea.state.tx.us/CNP/news/		
www.agr.state.tx.us/education/index.html		
schoolmeals.nal.usda.gov		
Others:		

Activity 26-7 • True/False

Directions

Read the following statements about how to plan menus for a child care program. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Cycle menus should never be repeated in a child care program.

_____

T F 2. When planning menus, foods should be chosen from various cultures.

_____

T F 3. It is best if only the center director plans menus for a child care program.

_____

T F 4. A menu planning committee must meet weekly.

_____

T F 5. Children should be allowed to have snacks any time they get hungry.

_____

T F 6. Most centers require the written approval of a physician or dietician for special diets to be served.

_____

Activity 26-8 • Sentence Completion

Directions

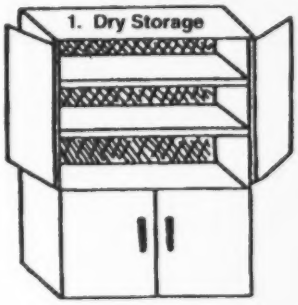
Part I: In the sentences below, the guidelines for purchasing food for a child care program are not complete. Review the guidelines by completing each sentence.

1. _____ _____ from a few suppliers.
2. Deal with _____ and _____ suppliers.
3. _____ of bargains.
4. Buy the quality _____ at the _____ cost.
5. Order to _____.
6. Keep _____ as low as possible.
7. _____ for a set period of _____.
8. Let past and _____ use guide you.
9. Use the amount on hand as a basis for _____ how much to _____.
10. _____ items to be purchased.

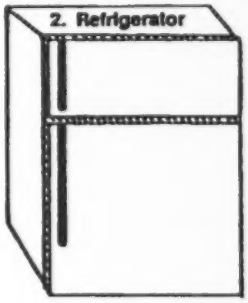
Part II: Write the name of each food listed below in the appropriate location to indicate how each food should be properly stored.

fresh tomatoes	milk	chicken
dry cereal	frozen fish sticks	lettuce
orange juice concentrate	frozen fruit treats	ice cream
canned corn	canned tuna fish	fresh carrots
macaroni noodles	crackers	
cheese	cookies	

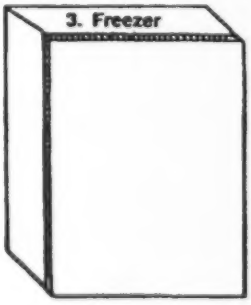
1. Dry Storage



2. Refrigerator



3. Freezer



Directions

Complete the following activity to identify equipment needed for food service in a child care program. Place a ✔ next to the basic equipment needed.

_____ Hand sink

_____ Toaster

_____ Shelving for dry storage

_____ Utensils

_____ Wheeled storage bins

_____ Cutlery

_____ Refrigerator

_____ Range with oven

_____ Blender

_____ Microwave oven

_____ Mixing bowls

_____ Freezer

_____ Electric skillet

_____ Pots and pans

_____ Commerical dishwasher

_____ Toaster oven

_____ Measuring equipment

_____ Work tables or counters

_____ Food processor

_____ Three-compartment dishwashing sink

_____ Deep fryer

_____ Ventilating system over cooking equipment

Activity 26-10 • Sentence Completion

Directions

Review sanitation procedures by completing the following activity. Write the word that best completes each sentence in the blanks provided.

1. Pick up silverware and eating utensils by _____.

2. Thoroughly clean and _____ all cooking equipment, cooking and storage areas, eating utensils and dishes, and floors.

3. Use a _____ spoon for tasting food being prepared.

4. Keep _____ covered while preparing and serving food.

5. Pick up a glass by holding the _____ of the glass.

6. Wear a clean _____ each day.

7. Use _____ utensils to prepare and serve foods.

8. Wash hands before _____ foods.

9. _____ hands after coughing or sneezing.

10. Wear sterile plastic or rubber gloves when a _____ is on the hand.

1060

Activity 26-11 • Multiple Choice

Directions

Complete the following activity to review mealtime practices. In the blank to the left of each item, place the letter of the response which best completes the statement.

_____ 1. All child care programs
- A. serve food from a special dining area.
- B. have the opportunity to choose where food service will occur.
- C. serve food from children's classrooms.
- D. none of the above.

_____ 2. Eating utensils for child care food service
- A. should be plastic.
- B. should be disposable.
- C. should be child-sized.
- D. should be adult-sized.

_____ 3. If a child refuses to eat, a caregiver should
- A. eat the child's food.
- B. force him or her to eat.
- C. give the food to someone else.
- D. handle the situation calmly.

_____ 4. The style of food service chosen for a child care program
- A. depends on the space available, the goals and objectives, the number of caregivers, and preference of director.
- B. should be cafeteria or family service.
- C. should be plate service.
- D. is not related to the goals of the program.

_____ 5. When dishes of food are passed around the table and children serve themselves, the style of service used is
- A. plate service.
- B. family service.
- C. cafeteria service.
- D. all of the above.

Chapter 27

Financial Management

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 27:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Introduction

The director of a child care program has various financial responsibilities. Becoming a skilled financial manager requires training and experience. Financial tasks in which directors may be involved include securing funding, keeping records, preparing a payroll, maintaining an inventory, controlling costs, and securing insurance. This chapter provides an overview of financial management as an important aspect of any child care program.

Activity 27-1 • Sentence Completion

Directions

Unscramble the words in the left-hand column to complete the sentences about various means of securing funding for child care programs. Write the unscrambled words in the boxes provided.

1. T N T U I O I E S E F ☐☐☐☐☐☐☐ ☐☐☐☐	_____ are the cost of enrolling children in a child care program and are paid by parents.
2. K A R E B - N E E V ☐☐☐☐☐-☐☐☐☐ L S S A Y I A N ☐☐☐☐☐☐☐☐	A _____ gives the director of a child care center an idea of the right fee to charge.
3. E E G M N N O R T V ☐☐☐☐☐☐☐☐☐☐	Many nonprofit child care programs are funded by _____ agencies and charitable organizations.
4. D F G I N N U ☐☐☐☐☐☐☐ C E A E G I N S ☐☐☐☐☐☐☐☐	Child care program directors seeking funding should identify specific _____ and request information about funds and how they are awarded.
5. D U F S N ☐☐☐☐☐	Businesses and industries may provide _____ for child care programs.

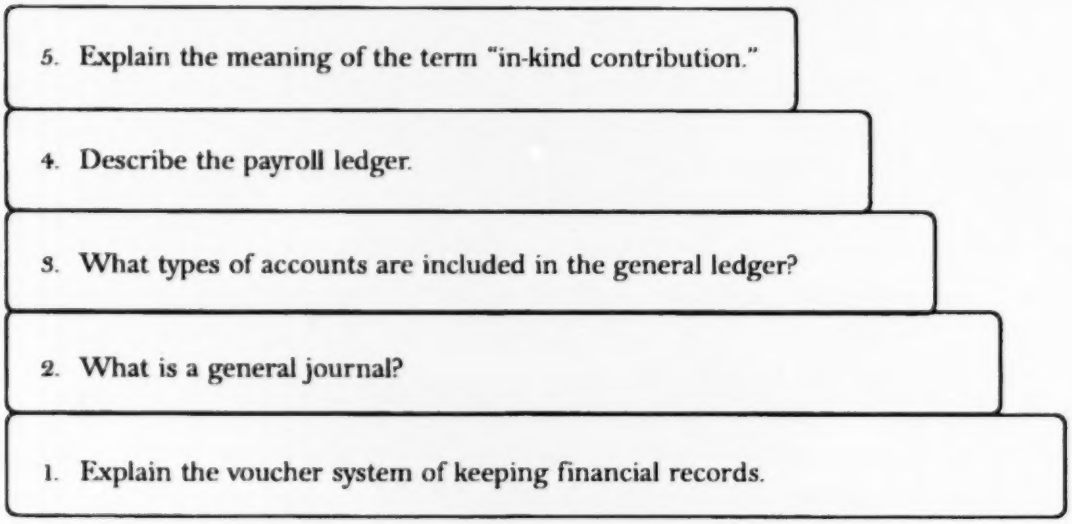
1063

6. S O A P O L R P ☐☐☐☐☐☐☐☐	The funding procedure may require a _____.
7. G D B E U T ☐☐☐☐☐☐	One part of a proposal is a _____.
8. Y N L R I O R T E C C ☐☐☐☐☐☐☐☐☐☐☐	Funding may not be awarded if the application is filled out _____.
9. L M P U ☐☐☐☐ U S M ☐☐☐	In some cases, funding is awarded in a _____.
10. A E C T C R U A ☐☐☐☐☐☐☐☐	When applying for and receiving funding, _____ recordkeeping is important.

Activity 27-2 • Short Answer

Directions

Review financial record keeping in child care programs by responding to the items on the staircase below. Begin with the bottom step. Write your answers in the blanks provided below the staircase.


5. Explain the meaning of the term "in-kind contribution."
4. Describe the payroll ledger.
3. What types of accounts are included in the general ledger?
2. What is a general journal?
1. Explain the voucher system of keeping financial records.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

1065

Activity 27-3 • Fill-in-the-Blank

Directions

Complete the following activity to review procedures involved in preparing a staff payroll. In each blank, fill in the word or words that best complete(s) the statement.

1. The first step in preparing a payroll is figuring each employee's _____ _____.

2. _____ are the required amounts taken from an employee's gross wages.

3. FICA, Income Tax Withholding, and _____ are three common deductions.

4. Contributions from employee's gross wages are _____ deductions.

5. An example of a contribution is a group _____ _____ program.

6. The amount of salary remaining after deductions and contributions are subtracted is _____ _____ or "take home pay."

7. Financial transactions concerning payroll are recorded in a _____ _____.

8. A child care center director can obtain information on FICA and taxes from the local _____ office or _____ _____ _____.

9. Based on the paycheck below, figure the FICA based on gross wages of $60.30 (6.2%). _____

10. Figure Medicare based on the same gross wages (1.45%). _____

GROSS WAGES	WITHHOLDING	FICA	MEDICARE	NET WAGES
60.30	4.00			51.69

Fun Time Child Care Center
501 Main Street
Anytown, TX 00012

No. 1101

DATE *May 2* _____

PAY TO THE ORDER OF *Steve Rodrejguez* *$51.69*

Fifty-one and 69/100 _____ Dollars

COMMUNITY NATIONAL BANK
ANYTOWN, TX 00012

FOR *work* *Marcus Cox*

Activity 27-4 • True/False

Directions

Read the following statements about inventory and financial control. If the statement is true, circle the letter **T** to the left of the statement. If the statement is false, circle the letter **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Inventory records are used to keep track of supplies and equipment.

_____

T F 2. Only one method can be used to keep inventory records.

_____

T F 3. It is not necessary to inventory consumable supplies such as food.

_____

T F 4. Inventory records on major equipment can show maintenance schedules, serial numbers, and purchase costs.

_____

T F 5. Inventory records should be accurate and up-to-date.

_____

T F 6. Inventory records of supplies in a classroom only show what supplies are missing.

_____

T F 7. Inventory records help the director control costs.

_____

T F 8. Inventory records of classroom supplies do not help when it is time to reorder materials.

_____

T F 9. Inventory records of supplies in a classroom can also show what is missing or needs repair.

T F 10. Inventory records are not essential when submitting insurance claims.

T F 11. Budgeting and controlling cost are a director's most important financial tasks.

T F 12. A start-up budget can be used every year.

T F 13. Once a child care center is underway, an operating budget is prepared each year.

T F 14. Line items for income might include parent fees and fund raising activities.

T F 15. Back-up sheets, or justifications, are not needed in budgets.

Activity 27-5 • Short Answer

Directions

Types of child care insurance are listed below. In the space provided, describe each type of insurance.

1. Worker's Compensation Insurance

_____

_____

2. Unemployment Insurance

_____

_____

3. General Liability Insurance

_____

_____

4. Personal Injury Liability Insurance

_____

_____

5. Auto Insurance

_____

_____

1063

Directions

Read each statement below. If the statement describes a good strategy for controlling costs, place a ✔ in the "Yes" column. If a statement does not describe a good strategy for controlling costs, place a ✔ in the "No" column.

Statement	Yes	No
1. The most important thing a director can do to control costs is to watch credit purchasing.		
2. The monthly financial statement shows actual income and expenses for the year to date.		
3. The cash flow calendar shows income and expenses month by month for each budget item.		
4. Important cost controlling methods do not include use of energy and supplies.		
5. It is not necessary to compare the amount on the monthly financial statement with the amount that was budgeted.		
6. Directors should purchase equipment only after price comparisons have been made.		
7. Small budget categories are the best place to look when cost cuts must be made.		
8. The staff should be conservative when using supplies and energy.		
9. Budgeting, watching cash flow, and conservation are three important aspects of financial control.		
10. Job descriptions, personal policies, safety regulations, and staff training help protect the program and may lower insurance premiums.		

Chapter 28

Parent, Community, and Professional Relationships

Chapter Focus

The following Essential Knowledge and Skills are discussed in Chapter 28:

1B Adhere to minimum standards, organization goals, policies, and procedures in the child care setting.

1C Demonstrate effective management skills.

1D Identify the chain of command and responsibilities of each employee.

Introduction

Parents and the community are two major influences affecting child care programs. Encouraging open communication and establishing positive relationships with parents and the community is very important. This chapter focuses on ways to work with parents and community groups to improve the quality of a child care program.

Activity 28-1 • Writing

Directions

In the spaces provided, use complete sentences to summarize four primary reasons for parents and teachers to communicate.

1. _____

2. _____

3. _____

4. _____

Activity 28-2 • Checklist

Directions

Read each statement listed below. Place a + in the blank to the left of the statement if it describes an appropriate way to promote positive relationships and open communication between parents and caregivers. Place a — in the blank if the item would not improve communication and positive relationships.

____ 1. Caregivers should avoid speaking informally with parents as they arrive with their children.

____ 2. Brochures, bulletins, and newsletters can aid communication between parents and caregivers.

____ 3. Individual parent conferences be held to help parents learn about their child's developmental progress.

____ 4. Conducting visits to the homes of children enrolled in a child care program could help families feel comfortable.

____ 5. Teacher assistants should direct parents' questions about policies and procedures to the director or a teacher.

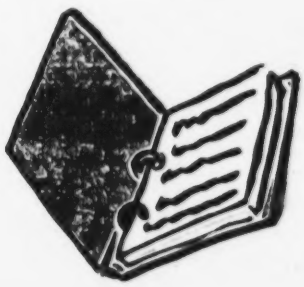
____ 6. The director is responsible for establishing guidelines about levels of communication with parents.

____ 7. A parent handbook helps parents become more oriented to a child care program.

____ 8. A parent reception area helps parents feel welcome.

____ 9. Written materials should be located in a parent reception area to provide information.

____ 10. Telephone conversations and notes to parents are ineffective communication tools.



Activity 28-3 • Sentence Completion

Directions

Complete the following sentences to review handling parent/caregiver differences, policies regarding parental complaints, and presenting problems to parents. In each blank, place the word or words that best complete(s) the statement.

1. The first step in dealing with parent/caregiver differences is to _____ they happen.

2. If parents have a complaint, they should usually talk to the _____ first.

3. Many child care programs have a written _____ for parents to use in sharing complaints.

4. When sharing a problem with a parent, the caregiver should explain that the child's _____ is very important.

5. Caregivers should avoid _____ parents for problems; they should approach parents in a polite, helpful manner.

6. If a parent cannot resolve a problem with a caregiver involved, the parent should contact the _____.

7. Caregivers should avoid getting _____ when responding to complaints from parents.

8. Sometimes a suggestion from a parent may result in a _____ that improves the overall program.

9. Having differences of opinion is not a reflection of a caregiver's _____.

10. If a child care director is unable to solve a problem, the parent should go to the _____ board or owner.

1074

Activity 28-4 • Fill-in-the-Blank

Directions

The following sentences concern parent involvement in a child care program. Using words from the word list, fill in the blanks to complete each sentence. Not all words will be used.

Word List

assigned	short-term
buying	space
donating	upset
involved	volunteer
long-range	work schedules

1. Planning, policy making, and _____ roles offer many opportunities for parents' involvement.
2. Parents can become involved by _____ old clothes and shoes for use in dramatic play.
3. Some child care centers provide a/an _____ where parents can meet.
4. Parents are more likely to become _____ if the child care center is located near their homes.
5. Parents who have flexible _____ _____can participate in the child care program more often.

Activity 28-5 • Short Answer/Research

Directions

Part I: Complete the following activity to analyze ways in which the community provides resources for a child care program. In the box below, list three major resources available through the community that can serve child care programs.

Community Resources

- _____
- _____
- _____

Part II: In the spaces provided below, provide examples of ways in which community resources available in your community might be used by a child care program. An example is provided.

1. Department of Human Services - Families could be referred to the Department of Human Services for other services such as counseling.

2. _____

3. _____

4. _____

5. _____

Activity 28-6 • Writing

Directions

Write a paragraph discussing the guidelines for recruiting and using community volunteers. Use the following words in your paragraph.

recruiting
screening process
orientation session
older adults
churches

Activity 28-7 • Sentence Completion

Directions

Complete the following sentences to review public relations in a child care program. In each blank, write the word(s) that best complete(s) the statement.

1. The _____ of a child care program's physical setting affects the program's image.
2. How a child care program is marketed influences the _____ of the program.
3. Allowing community organizations to use a child care program's building for _____ may be a positive public relations effort.
4. _____ in newspaper and on television are sometimes used to communicate a message about a child care program to the public.
5. "Word of mouth" advertising by satisfied parents is of great _____ to a child care program.
6. The director and staff of a child care program should be _____ of their public relation roles.
7. The _____ of a program can influence the image of the child care program.
8. When deciding how to _____ a child care program, one should consider the audience to be reached.
9. When a child care center changes locations or sponsorships, it may be necessary to _____ the public.
10. The letters PR are often used for the term _____ _____.

1078

Activity 28-8 • True/False

Directions

Read the following statements about professional relationships. If the statement is true, circle the letter **T** to the left of the sentence. If the statement is false, circle the **F**. In the space provided, rewrite each false statement to make it true.

T F 1. Organizations provide continuing education through workshops, conferences, magazines, newspaper, pamphlets, and books.

_____

T F 2. Professional and community organizations help improve working conditions of child care professionals.

_____

T F 3. Organizations do not have much influence on legislators and laws affecting children.

_____

T F 4. Professional organizations can network resources with other professionals, such as doctors, nutritionists, and social workers.

_____

T F 5. Community and professional organizations do not provide for the development of personal relationships among child care professionals.

_____

T F 6. Professional meetings cause caregivers to be enthusiastic about their jobs.

_____

T F 7. Professional organizations provide funds for child development research.

_____

T F 8. Salaries and fringe benefits are influenced by professional and community organizations, but child/staff ratios are not influenced by these groups.

_____

T F 9. Organizations provide job placement services or formal position announcements.

_____

T F 10. Community and professional organizations influence public opinion and legislation.

_____

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

[X] This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

[ ] This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

ERIC Facility Extranet Site

Organization:	Texas Tech University,Home Economics Curriculum Center
Acronym:	
Clearinghouse:	CE
Facility Number:	
Level:	2A
Start Date:	1981-00-00
Revision Date:	1998-00-00
Authorizer:	M. Wragg
Note:	Cite availability
Address:	P. O. Box 41161
City:	Lubbock
State:	TX
Zip:	79409-1161
Phone:	806-742-3029
Fax:	806-742-3034
Web:	
email:	jpmsw@ttacs.ttu.edu
Contact:	Marilyn Wragg, Director
Arr.Type:	Blanket,Automatic
See	
Conf. Papers To:	
Comments:	
Pending:	
Active:	
Send Fiche To:	Contributor/Author
Former Names:	
Orga:	Texas Tech University
Orgb:	Home Economics Curriculum Center
Orgc:	

CSC

ERIC Processing & Reference Facility, Computer Sciences Corporation, 4483-A Forbes Boulevard, Lanham, MD, 20706
Phone: 301-552-4200 Toll-Free: 800-799-3742 Fax: 301-552-4700 E-mail: info@ericfac.piccard.csc.com